

MEMBERS ALLOWANCE CLAIM FORM



For the Month of 20....

Name R. TAKEMAN

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
1/7	PLANNING	WYCHAVON D.C.	Home	Home	18	
17/7	PLANNING	~	~	~	18	
28/7	COMMITTEE	~	~	~	18	
					18	
					198	
					54	£

The front of this claim form will be available for members of the public to view
 NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

4

MEMBERS ALLOWANCE CLAIM FORM

For the Month of 20....

Name R. JAYEMALL



Date	DUTIES		ALLOWANCE CLAIMED			
	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
15/3	DOOR	WYCHAVON	HOME	HOME	18	no meeting 15/3
23/4	ACCIDENT	-	-	-	18	
24/4	PLANNING	-	-	-	18	
13/5	COMMISSION	-	-	-	18	
22/5	PLANNING	-	-	-	18	
10/6	EX BOARD	-	-	-	18	
11/6	ACCIDENT	-	-	-	18	
19/6	PLANNING	-	-	-	18	
24/6	COMMISSION	-	-	-	18	
					144	£

The front of this claim form will be available for members of the public to view
 NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF