

**MEMBERS ALLOWANCE CLAIM FORM**



For the Month of 1st Aug to 2014

Name Sen. DAVIS

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
20/14						
11/8	COMMUNITY H.C.	W.T.C. LD	DEFFORD 1200	—	—	—
11/8	P.P.S.A. &.	WYRE FOREST COUNCIL	—	DEFFORD 18 20	54	—
14/8	PLANNING MEETING.	CIVIC CENTRE	DEFFORD 1230	DEFFORD 1700	6	—
20/8	EXEC BOARD BRIEFING.	BASEDINT. EVESHAM	DEFFORD 0845	DEFFORD 1400	28	—
88 £						

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

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