

MEMBERS ALLOWANCE CLAIM FORM

For the Month of July..... 2014

Name T. J. Noyes.....



Date	DUTIES Description	Place	ALLOWANCE CLAIMED			
			Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
15/7	O & S	RESIDENCE WDC	5.30 HOME	9.00 HOME	26	
16/7	INTERCITY GREEN ARMS	RESIDENCE WDC	4.00	9.45	26	
14/7	CAB A&M		HOME	HOME		
22/7	FESTIVAL HQ (WDC NOMINATIONS REPRESENTATIVE)	MIDLANDS RD, WRECES	HOME	HOME	18	
20/7	FESTIVAL HQ ()	— — —	5.00 HOME	7.00 HOME	18	
					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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MEMBERS ALLOWANCE CLAIM FORM

For the Month of June 2014

Name T. J. NOYES



Date	DUTIES		ALLOWANCE CLAIMED			
	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
					<u>Nil</u>	
						<u>£</u>

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 NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

MEMBERS ALLOWANCE CLAIM FORM

For the Month of AUGUST 2014

Name T. J. Noyes



Date	DUTIES		ALLOWANCE CLAIMED			
	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
22/8	LICENSING SUB	RESOLVE WDC	HME	HME	20	
29/8	FESTIVAL HSE. CCP Mtg	MIDLAND ED WOLLESTONE	HME	HME	18	
					44	
						£

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