

MEMBERS ALLOWANCE CLAIM FORM



For the Month of DECEMBER 2015

Note go into hospital for operation 20/1/15 hence doing paperwork early.

Name ELIZABETH EYRE

Date	DUTIES		ALLOWANCE CLAIMED			
	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
18/12	WDC Full Council	Civic Centre	B'way 5pm	B'way 9pm	28	
6/1	Executive	Civic Centre	B'way 17:45	B'way 2000	28	
					56	£ 8

WYCH OR
 COUNCIL
 15 JAN 2015
 RECEIVED
 POST ROOM

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