

MEMBERS ALLOWANCE CLAIM FORM

For the Month of Dec 2014

Name MRS G NOYES



Date	DUTIES		ALLOWANCE CLAIMED			
	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
✓ 17/12	LICENSING S/C	WDC / BOSTON	Home 1.15	Home 3.30	26	
✓ 21/12	DEBITWICH MATTERS	—————	Home 4.10pm	Home 7.15	26	
					✓ 52	
					26	
						£

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

