

MEMBERS ALLOWANCE CLAIM FORM

For the Month of FEB..... 2015

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
✓ 4/2	EXECUTIVE BOARD	WDC RESIDENCE	167E 4.30	167E 8.30	26	
✓ 5/2	PLANNING COMMITTEE	WDC RESIDENCE	167E 10.15	167E 7.30	26	
✓ 5/2	DEEMSTON SITE VISIT WR74JX	DEEMSTON	WDC RESIDENCE 11.05	WDC RESIDENCE 12.20	18	
✓ 24/2	FULL COUNCIL	WDC RESIDENCE	167E 4.20	167E 7.40	26	
✓ 5/2	LICENSING S/C	WDC RESIDENCE	167E 1.20 PM	167E 4.00	26	
					✓ 122	
						£

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