

MEMBERS ALLOWANCE CLAIM FORM

For the Month of FEB 2015



Name T. J. Noyes

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
✓ 3/2	FOOTIS CCL	OLYMPIA HOUSE WOLLESTON	16ME 12.15	16ME 4.00	18	
✓ 4/2	AUDIT COMMITTEE	WDC RESIDENCE	16ME 1.15	16ME 4.30	26	
✓ 24/2	FOOTIS BOARD MTA	OLYMPIA HOUSE WOLLESTON	16ME 8.50am	16ME 2.00 pm	18	
					✓ 62	

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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