

MEMBERS ALLOWANCE CLAIM FORM

For the Month of MARCH..... 2015

Name MR G NOYES.....

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DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
<u>11/3</u>	<u>DROITWICH MATTERS</u>	<u>WDC RESTROOMS</u>	<u>16ME</u> <u>9.15</u>		<u>26</u>	
<u>11/3</u>	<u>LICENSING SUB COMMITTEE</u>	<u>— — —</u>	16ME <u>4</u>	<u>16ME</u> <u>4.00</u>		
					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

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