

MEMBERS ALLOWANCE CLAIM FORM

For the Month of 1st March to 31st/3 2015
 Name RON DAVIS

Date	DUTIES		ALLOWANCE CLAIMED			
	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
2015						
2/3	W.T.C. BOARD	TECHS. KIDDERMINSTER	DEFFORD 1630	DEFFORD 2110	55	—
4/3	EXEC BOARD BRIEFING	CIVIC CENTRE	0900	1430	6	—
5/3	HEALTH. 1. GROUP - MEETING	COUNTY HALL	1100	1445	24	—
10/3	ECKINGTON PARISH COUNCIL	ECKINGTON V. HALL	1900	2030	6	—
17/3	WRS - WORKSHOP EXEC BOARD + COUNCIL	COUNTY HALL WYCHAVON	1400	1930	25	—
26/3	WORKS TELECARE BOARD STRENSHAM PARISH COUNCIL	KIDDERMINSTER STRENSHAM V.H.	1600	2030	59	—
175 £						

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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