

# MEMBERS ALLOWANCE CLAIM FORM



For the Month of MARCH 2015

Name T. J. NOYES

| Date   | DUTIES   |                   | ALLOWANCE CLAIMED         |                        |                    |                                     |
|--------|--|-------------------|---------------------------|------------------------|--------------------|-------------------------------------|
|        | Description  | Place             | Place & Time of Departure | Place & Time of Return | Return Car Mileage | Fares & Other Payments/ Subsistence |
| ✓ 10/3 | FEETIS WDC REPRESENTATIVE                              |                   | HOME<br>1.30pm            | HOME<br>4.20pm         | 18                 |                                     |
| ✓ 17/3 | EXEC BOARD // COUNCIL                                  | WDC RESIDENCE     | HOME<br>4.15              | HOME<br>8.00           | 26                 |                                     |
| ✓ 25/3 | LICENSING // LICENSING SUB                             |                   | HOME<br>12.15             | HOME<br>4.00           | 26                 |                                     |
| ✓ 27/3 | CAB WDC REPRESENTATIVE<br><del>PLASBYE TOWN HALL</del> | PLASBYE TOWN HALL | HOME<br>6.30              | HOME<br>9.30           | 26                 |                                     |
|        |  |                   |                           |                        |                    |                                     |
|        |  |                   |                           |                        |                    |                                     |
|        |  |                   |                           |                        |                    |                                     |
|        |  |                   |                           |                        |                    |                                     |
|        |  |                   |                           |                        |                    |                                     |
|        |  |                   |                           |                        |                    |                                     |
|        |  |                   |                           |                        | <b>96</b>          | £                                   |

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

*(Handwritten signature)*