

MEMBERS ALLOWANCE CLAIM FORM

For the Month of April - May 2015

Name Elizabeth Eyre



DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
21/4	Full Council	CNIC B70 Centre	B'way ^{17.30}	B'way ^{21.30}	28	
					28	£

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