

MEMBERS ALLOWANCE CLAIM FORM

For the Month of April 1 to 30 April 15

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 21/4	S.M.T. MEETING	CIVIC CENTRE	DEFFORD 0845	DEFFORD 1310	6	-
24/4	FULL COUNCIL	—	1600 —	2015	6	-
28/4	HEALTH P.G. — late!	COUNTY HALL	1300	1650	23	-
29/4	STRENSHAM MEETING HARBOUR WOOD	STRENSHAM	1230	1430	59	-
30/4	T.C.H.C. RISK MAN COURSE	KIDDERMINSTER T.C.H.C.	1600	2000		-
✓ 94 £ —						

The front of this claim form will be available for members of the public to view

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF