

**MEMBERS ALLOWANCE CLAIM FORM**

For the Month of APRIL..... 20.15

Name R.W. BANKS EBM RESOURCES



DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
14/4	VIC ALLISON Mtg / CAR PARKING REVIEW/O&S	WDC	<del>WDC</del> HOME 2.00	HOME 8.30	30	NON CLAIMED
21/4	FULL COUNCIL ETC	WDC	HOME 3.30	HOME 8.30	30	ditto
					60	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF