

MEMBERS ALLOWANCE CLAIM FORM

For the Month of April 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
2/4	PLANNING COMMITTEE	WDC RESHORE	HOME 9.30	HOME 7.30 PM	26	
8/4	AUDIT COMMITTEE	---	HOME 1.30	HOME 4.30	26	
21/4	LICENSING SUB COMMITTEE	---	HOME 9.00	HOME 12.45	26	
21/4	Full Council	---	HOME 5.00	HOME 8.30	26	
29/4	LICENSING SUB COMMITTEE	---	HOME 1.15	HOME 4.00	26	
30/4	PLANNING COMMITTEE	---	HOME 1.00	HOME 5.00	26	
					156	
						£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF