

# MEMBERS ALLOWANCE CLAIM FORM



For the Month of ~~May~~ <sup>533</sup> ~~2015~~ <sup>JUNE</sup> 2015

Name ~~JO SANDAUS~~ <sup>JO SANDAUS</sup>

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
<del>16</del>	STRAWBOR COMMUNITEE.	BERSHIRE	HOME 5:30P	HOME 9:15	12	
<del>16</del>	MH <sub>2</sub> PRESENTATION. EYESCAN MATTERS	" " "	HOME 2:15P	HOME 4:15P	12	
<del>14</del>	EXECUTIVE BOARD	" "	HOME 5:30P	HOME	12	
<del>17</del>	WOODSING TRG.	" "	HOME 1:30P	WYCHAVON 4:30P	12	
<del>15</del>	SITE VISIT. PLANNING TRAINING. PLANNING MH <sub>2</sub>	" "	HOME 10:30A	HOME 5:30P	12	
					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