

MEMBERS ALLOWANCE CLAIM FORM

For the Month of 1st June 30th June 2015

Name RON JAVIS

Date	DUTIES Description	Place	ALLOWANCE CLAIMED			
			Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
2015 3/6	AUDIT TRAINING.	CIVIC CENTRE	DEFFORD 1730	DEFFORD 2000	6	—
11/6	PRE-APP MEETING, EMMA RIDLEY Re: KEPPELGATE	—	— 0900	— 1130	6	—
11/6	AUDIT COMMITTEE & BRIEFING.	—	— 1230	— 1530	6	—
18/6	J.W.A.B. — MEETING.	MHDC.	— 1700	— 2015	27	—
29/6	W. TELECARE BOARD	TEHB.	— 1700	— 2100	54	—
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The front of this claim form will be available for members of the public to view
 NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

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