

For the Month of ~~DEC~~ DECEMBER 2015 -

Name ..... A. STREK .....

-5 FEB 2016  
PO BOX ROOM

**DISTRICT COUNCIL**  
good services, good value

DUTIES				ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence	
<u>✓</u> 7 <sup>th</sup>	<u>Bringing LCFAF</u>	<u>C. Courtes</u>	<u>Home 8:30AM</u>	<u>C.C. 12-30</u>	<u>22.2</u>	<u>—</u>	
<u>✓</u> 9 <sup>th</sup>	<u>OVS.</u>	<u>C. Courtes</u>	<u>Home 5:30pm.</u>	<u>C.C. 8pm</u>	<u>22.2</u>	<u>—</u>	
<u>✓</u> 10 <sup>th</sup>	<u>Planning + site visits</u>	<u>~ ~</u>	<u>Home 10:30am.</u>	<u>C.C. 5-3pm.</u>	<u>22.2</u>	<u>—</u>	
<u>✓</u> 14 <sup>th</sup>	<u>TAF + Planning Services</u>	<u>~ ~</u>	<u>Home 1-3pm</u>	<u>C.C. 8pm.</u>	<u>22.2</u>	<u>—</u>	
<u>✓</u> 16 <sup>th</sup>	<u>Council.</u>	<u>~ ~</u>	<u>Home 5pm.</u>	<u>C.C. 8pm.</u>	<u>22.2</u>	<u>—</u>	

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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