

MEMBERS ALLOWANCE CLAIM FORM

For the Month of October 2015

Name A. P. MILLER

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
✓ 6/10	WDC TRAINING	WDC	HOME 3.45pm	HOME 10.30pm	28	
✓ 15/10	PLANNING	WDC	HOME 12.00pm	HOME 7.00pm	28	
✓ 21/10	FULL COUNCIL	WDC	HOME 3pm	HOME 8.00pm	28	
✓ 28/10	JOB EVALUATION	WDC	HOME 8.30am	HOME 2.30pm	28	
					112	£

The front of this claim form will be available for members of the public to view
NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF