

# MEMBERS ALLOWANCE CLAIM FORM

For the Month of - *July 2015*

Name ..... Emma Stokes

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
<i>8/7/15</i>	<i>Executive Board.</i>	<i>Wychavon</i>	<i>Wychavon 5pm</i>	<i>?</i>	<i>14</i>	
<i>9/7/15</i>	<i>SMT + EXEC Strategy Session</i>	<i>— " —</i>	<i>Wychavon 4pm</i>		<i>14</i>	
<i>13/7/15</i>	<i>AXA Re Riverside</i>	<i>— " —</i>	<i>Wychavon 10am</i>		<i>14</i>	
<i>29/7/15</i>	<i>Council, EXECUTIVE BOARD. Photo.</i>	<i>— " —</i>	<i>Wychavon 3.30pm</i>		<i>14</i>	
					<i>56</i>	<i>0.00</i>

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

*56 miles* 