

# MEMBERS ALLOWANCE CLAIM FORM



good services, good value

For the Month of Nov: 9. DEF: ..... 2010

Name CLM: Mr. F.S. SMITH: .....

DUTIES				ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence	
11/11/10	Health's Wellbeing Board (WBC) as	Country Hall	Evesham 1.10pm	Evesham 4pm	30		
11/11/10	Who's rep. on HOSC	Worcester	Evesham 2pm	Evesham 3.30	13		
9/11/10	Workshop developed & theater poster	Civic Centre	Evesham 8.45	Evesham 4.15	30		
16/11/10	Partners Together (Health) at Civic Centre	Civic Centre	Evesham 9.30	Evesham 11.30	13		
5/12/10	HOSC at Country Hall pm	Country Hall	Evesham 10.10pm	Evesham 9pm	13		
5/12/10	localism	Pershore	Evesham 8.30am	Evesham 9pm	17		
3/12/10	OAS	Pershore	Home 8.30am	Pershore for Staff Awards	13		
3/12/10	HOSC	Country Hall	Home 8.30am				
14/12/10	Refugee & full Council	Worcester, Pershore	Home 8.30am				

129

129  
245p

£58-05

2

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