

# MEMBERS ALLOWANCE CLAIM FORM

For the Month of July/August..... 2015

Name Clt. Ms. F.S.S.M.I.T.H......



Date	DUTIES		ALLOWANCE CLAIMED			
	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
8/7/15	Executive Board	Civic Centre Redhore	Evesham 5.45	Redhore 7.30	13	
15/7/15	HOSC	County Hall Worcester	Evesham 9am	Evesham 12.30	30	
15/7/15	Health & Well-being Board	Civic Centre Redhore	Evesham 1.25	Evesham 4pm	13	
22/7/15	Overview & Scrutiny	"	Evesham 5.30	Evesham 8.30	13	
29/7/15	Council	"	Evesham 3.30	Evesham 8.30	13	
24/8/15	Localism	"	Evesham 9.30	Evesham 12noon	13	
					95	
					@45p	
						£ 42.75

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

Checked

