

MEMBERS ALLOWANCE CLAIM FORM

For the Month of DECEMBER 2016

Name G. O' DONNELL



good services, good value

Date	DUTIES Description	Place	ALLOWANCE CLAIMED		Return Car Mileage	Fares & Other Payments/ Subsistence
			Place & Time of Departure	Place & Time of Return		
1/12	MEDIA COURSE - LGA	WARWICK UNIV.	HOME 0800	HOME 1800	66	
6/12	HWB DEVELOPMENT MEETING	COUNTRY HOTEL	HOME 1300	HOME 1700	32	
7/12	COOP MEETING	" "	HOME 0845	HOME 1200	32	
9/12	HWB LEISURE MEETING	WOLCOSTEL SIKWAYS COUNTRY HOTEL	HOME 0945	HOME 1230	30	
13/12	H. I. G.	COUNTRY HOTEL	HOME 1245	HOME 1715	32	
12/12	EXEC BOARD BACKING	W D C	HOME 0900	HOME 1330	16	
16/12	CHAIRMAN AGMT + ADMIN	W D C	HOME 1030	HOME 1400	16	
					224	

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