

# MEMBERS ALLOWANCE CLAIM FORM

For the Month of NOVEMBER 2016

Name G. P. DOWNELL



DUTIES				ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence	
1/11	MEETING WITH VIC & WYCHAVON LEISURE	WDC	HOME 9.15	HOME 16.45	32	—	
"	HEALTH & WELFARE BOARD	COURTY HALL	WDC 13.00	HOME 19.15	32	—	
2/11	CORPORATE PARTNERSHIP BOARD	" "	HOME 08.15	HOME 18.15	32	—	
9/11	EXEC BOARDS BEHIND	WDC	HOME 08.15	HOME 16.30	16	—	
"	DEVELOPER MEETING	WDC	HOME 17.15	HOME 23.30	32	—	
"	SPORTS AWARDS	SITWAYS STADIUM	HOME 09.30	HOME 12.15	16	—	
19/11	RECREATION PLAN AT HOUSE.	PERKINS HIGHT SCHOOL	HOME 11.15	HOME 13.30	16	—	
14/11	WYCHAVON LEISURE MTC.	WDC	HOME 08.30	HOME 13.30	16	—	
16/11	PARTNERSHIP HEALTH EVENTS	WDC	HOME 15.30	HOME 15.30	160	—	
17/11	L. C. A LEADERSHIP ESSENTIALS	WARWICK UNIV.					

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

(Carried Fwd)

# MEMBERS ALLOWANCE CLAIM FORM

For the Month of ... November ..... 2016

Name ... G. O' DONNELL .....



good services, good value

DUTIES				ALLOWANCE CLAIMED		
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage p/c	Fares & Other Payments/ Subsistence
<del>19/11</del>	<del>LCA LEADERSHIP ESSAYS</del>	<del>WARWICK UNIV.</del>	<del>SCARDIAN 1ST 15.30 Warwick Univ.</del>	<del>HOME 17.15</del>	<del>68</del>	<del>overnight paid by LCA</del>
<del>23/11</del>	<del>EXCEL BOND</del>	<del>WDC</del>	<del>HOME 1600</del>	<del>HOME 2000</del>	<del>16</del>	
<del>25/11</del>	<del>SHARED SERVICES COMMITTEE</del>	<del>GUILDHALL WARWICK</del>	<del>HOME 0900</del>	<del>HOME 12.15</del>	<del>36</del>	

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