

MEMBERS ALLOWANCE CLAIM FORM

For the Month of SEPTEMBER 2015



Name G. O. DONWELL

Date	DUTIES		ALLOWANCE CLAIMED			
	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
2/9	PRE-SCOUTING MEETING	WDC	HOME 1100	HOME 1430	16	
4/9	MEETING WITH KAREN LUMLEY M.D	WDC	HOME 1500	HOME 1715	16	
5/9	PERSHORE TENNIS CLUB AWARDS PRESENTATION	PERSHORE TENNIS CLUB	HOME 1215	HOME 1430	14	
9/9	PRE-MEETING + EXEC BOARD	WDC	HOME 1400	HOME 1945	16	
10/9	HEALTH IMPROVEMENT GROUP	WCC WORCESTER	HOME 1315	HOME 1700	32	
14/9	PROGRAMME DISCUSSIONS (PORTFOLIO)	WDC	HOME 1300	HOME 1530	16	
16/9	CORPORATE PARENTING BOARD	"THE PINES" WORCESTER	HOME 1230	HOME	✓	
"	STRATEGY WORKSHOP	WDC		HOME 1800	36	
18/9	S. WORCS. SHARED SERVICES COMMITTEE	GOLDHALL WORCESTER	HOME 0915	HOME 1130	32	
25/9	MEETING WITH OFFICERS S. TAYLOR / D. HEMMINGS	WDC	HOME 1100	HOME 1500	16	
					£	(Signature)

The front of this claim form will be available for members of the public to view

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

8