

# MEMBERS ALLOWANCE CLAIM FORM

For the Month of SEPT 2015



Name LYNNE DUFFY

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
4/9	Karen Lumley	Pershore	Home 3.00	Home 5	30	
7/9	North Evesham P.C	Fernhill Heath	" 7.15	Home 10	8	
8/9	Jack + SMT + Audit	Pershore	" 8.00	" 4	30	
	Elmley Lovett P.C.	Cotnam P.M.	" 7.15	" 9	10	
9/9	Exec board	Pershore	" 4.00	" 8	30	
11/9	Jack	"	" 2.30	" 5	30	
16/9	Hampton Lovett P.C	Hampton Lovett	" 7.45	" 9	5	
	Strategy sessia	Pershore	" 3.30	" 6	30	
21/9	Vic	"	" 4.30	" 6	30	
25/9	Brine Bath	"	" 3.30	" 6.30	30	
					233	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

870

8