

# MEMBERS ALLOWANCE CLAIM FORM

For the Month of AUGUST 2015



Name LINDA ROBINSON

Date	DUTIES		ALLOWANCE CLAIMED			
	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
1st A	BATTLE OF Evesham Commemorative Day	All Saints Church	Home 9:30 am	Home 2 pm	22	
6th A	TENDER OPENING + CHRIS BROOKES	C. CENTRE	Home 11: am	Home 2 pm	11	
8th A	Evesham Battle Re-enactment	Evesham Meadows	Home 10 am	Home 4 pm	20	
10 A	MEETING WITH DEPUTY & VIC ALLISON	C. CENTRE	Home 3 pm	Home 6 pm	11	
19 A	E. BOARD BRIEFING	C. CENTRE	Home 9 am	Home 3 pm	11	
25 A	ATTEND SMT	C. CENTRE	Home 9 am	Home 2 pm	11	
25 A	MEETING + DEPUTY & JACK	C. CENTRE	Home 4:30 pm	Home 6 pm	11	
28 A	EUROPEAN B' BALL OPENING	WORCS ARENA UNIVERSITY	Home 2:30 pm	Home 6 pm	16.6	
					113.6	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

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