

MEMBERS ALLOWANCE CLAIM FORM

For the Month of MARCH/APRIL 2015

Name CLERK LINDA ROBINSON



Date	DUTIES		ALLOWANCE CLAIMED			
	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
19 th March	STRATEGIC PARTNERS WORKSHOP	C. CENTRE	Home 9am	Home 12:45pm	11	
19 th m.	HEALTH PLANNING SEMINAR	C. HALL	Home 1:30pm	Home 5:30pm	8	
19 th m.	W. R. S. PRESENTATION	C. CENTRE	Home 6pm	Home 8:30pm	11	
24 th m.	DEC. DECISIONS PANEL	C. CENTRE	Home 2pm	Home 4pm	11	
26 th m.	B. HACKETT V. MEETING	B. HACKETT CHURCH	Home 7:30pm	Home 9pm	8.6	
31 st m.	PLANNING CHAIRMAN'S BRIEFING	C. CENTRE	Home 1:30pm	Home 4:30	11	
1 st A	PLANNING COMMITTEE	C. CENTRE	Home 9am	Home 6pm	11	
8 th A	PEOPLETON PARISH COUNCIL	PEOPLETON V. HALL	Home 7pm	Home 10pm.	7	
13 th A	SCHOOL GOVERNOR'S MEETING	F. FLAVELL SCHOOL	Home 8:30am	Home 11am	16	
14 th A	KLYCROD FLAVELL PARISH COUNCIL	3 PARISHES HALL	Home 7:30pm	Home 10pm.	15	
					109.6	
						£

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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