

MEMBERS ALLOWANCE CLAIM FORM



good services, good value

For the Month of ...DEC... 2016

Name ...LINDA ROBINSON...

DUTIES				ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence	
13th Dec	BOARDMAN STAFF AWARDS +	CIVIC CENTRE	Home 9am	Home 4pm	11		
13th Dec	LEYFORD SCHOOL PUBLIC / Gov. Meeting	LEYFORD SCHOOL	Home 6pm	Home 8pm	16		
14th Dec	Exec Board Meeting & Exec Council	CIVIC CENTRE	Home 9am	Home 9pm	11		
16th Dec	MEET m.p.s + PHIL + VIC	CIVIC CENTRE	Home 11:00 AM	Home 3pm	11		
22nd Dec	MEET WITH LYNDY + VIC	CIVIC CENTRE	Home 9am	Home 11pm	11		
					60	£	

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