

# MEMBERS ALLOWANCE CLAIM FORM

For the Month of October 2015



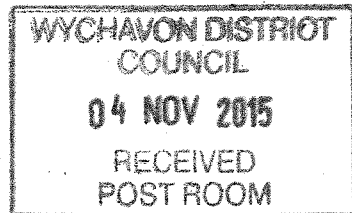
*[Handwritten signature]*  
Personnel

Name Paul Middlebrough

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
✓ 14/10/2015	Executive Board	Civic Centre	Home 4pm	Home 8pm	12	
✓ 21/10/2015	Council	Civic Centre	Home 3pm	Home 8pm	12	
✓ 29/10/2015	misc planning etc	Civic Centre	Home 10.30am	Home 11am	12	
					36	

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF



*[Handwritten mark]*