

MEMBERS ALLOWANCE CLAIM FORM



good services, good value

For the Month of 1st Oct 15th / 11/20 15

Name RON DAVIS

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
2015						
7/10	D.E.D.S.P. COMMITTEE	CIVIC CENTRE	JEFFORD 1300	JEFFORD 1630	6	—
13/10	ECKINGTON P.C.	ECKINGTON V. HALL	— " 1900	— " 2015	6	—
21/10	FULL COUNCIL - SPECIAL	CIVIC CENTRE	— " 1630	— " 1930	6	—
10/11	ECKINGTON PARISH C.	ECKINGTON V. HALL	— " 1900	— " 2015	6	—
12/11	STRENSHAM P.C.	STRENSHAM VILLAGE H.	— " 1915	— " 2010	6	—
19/11	J.W.A.B.	M.H.D.C.	— " 1600	— " 1900	26	—
30/11	W.T.B. - TCHB.	TCHB. KIDDERMINSTER	— " 1115	— " 1930	54	—
<div style="display: flex; align-items: center;"> V 110 £ </div>						

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF