

# MEMBERS ALLOWANCE CLAIM FORM

For the Month of October..... 2015

Name ROY MURPHY.....



DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
<u>5</u>	<u>localism + community Funding A.P.</u>	<u>WDC</u>	<u>10.0am - 12.0am</u>		<u>31</u>	
<u>14</u>	<u>Executive Board</u>	<u>WDC</u>	<u>6.0pm - 8.0pm</u>		<u>31</u>	
<u>15</u>	<u>Planning Committee</u>	<u>WDC.</u>	<u>12.0am - 6.0pm</u>		<u>31</u>	
					<u>93</u>	<u>£</u>

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF