

MEMBERS ALLOWANCE CLAIM FORM

For the Month of August 2015

Name T. J. NOYB



Date	DUTIES		ALLOWANCE CLAIMED			
	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
<u>29/8</u>	<u>RAVING</u>	<u>WDC RESIDENCE</u>	<u>HOME</u> <u>12.30</u>	<u>HOME</u> <u>4.15</u>	<u>26</u>	
					<u>26</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