

# MEMBERS ALLOWANCE CLAIM FORM

For the Month of OCTOBER 2015

Name T. J. NOYES



Date	DUTIES		ALLOWANCE CLAIMED			
	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
<del>14/10</del>	EXEC BOARD	WDC RESIDENCES	HOME	HOME	26	
<del>15/10</del>	PLANNING COMMITTEE	---	HOME	HOME	26	
<del>27/10</del>	<del>LEASTERS C</del>	<del>---</del>	HOME	<del>HOME</del>	<del>26</del>	
					52	
						£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF