

# MEMBERS ALLOWANCE CLAIM FORM

For the Month of September 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
3/9	Wychavon Res. FORTIS SMILE COMMITTEE MTG	Progress House Worcester	Home 1.30pm	Home 4.45	18	
9/9	EXEC COMMITTEE	WDC RESIDENCE	Home 5.30	Home 8.00	26	
10/9	LICENSING S/C. SUB + WORKSHOP	WDC RESIDENCE	Home 1.30	Home 7.15	26	
17/9	PLANNING COMMITTEE	---	Home 11.45	Home 5.00	26	
24/9	FORTIS CCP MTG (FINAL)	Progress House, Worcester	Home 9.00	Home 7.45	18	
23/9	LICENSING COMMITTEE	WDC RESIDENCE	Home 1.00	Home 4.30	26	
24/9	COUNCIL Mtg	---	Home 5.10	Home 8.30	26	
					166	
						£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF