

MEMBERS ALLOWANCE CLAIM FORM

For the Month of SEPTEMBER, 2016

Name G.O' DONNELL



good services, good value

DUTIES		ALLOWANCE CLAIMED				
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
1/9	PARTNERS TOGETHER PLANNING MGTG.	WDC	HOME 10.30	HOME 1500	16	
2/9	HEALTHWATCH MEETING	WDC	HOME 9.45	1400	16	
5/9	LOCALISM MEETING	WDC	HOME 9.15	HOME 1400	16	
7/9	EXEC BOARD	WDC	HOME 1600	HOME 1930	16	
9/9	HEALTH MEETING (FINA/SENI)	WDC	HOME 0915	HOME 1300	16	
13/9	EXEC BOARD / SHIT WORKSHOP	PERSHORE COLLEGE	HOME 8.45		7	
"	HEALTH + WELLBEING BOARD	COURT HALL	PERSHORE COLLEGE 13-30	HOME 1715	24	
14/9	CORP. PARENTING BOARD	COURT HALL	HOME 8.45	HOME 1300	32	
15/9	PARISH EVENT	WDC	HOME 1830	HOME 2030	16	
16/9	INHALEATH EXERCISE CLASSES FOR TOTS	DEWITCH	HOME 0915	HOME 1130	38	
					197	£

9/20/16

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF