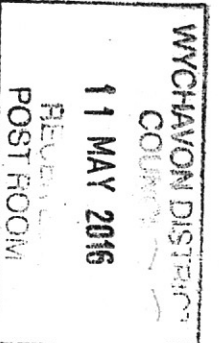


MEMBERS ALLOWANCE CLAIM FORM

For the Month of April 2016

Name JO SAUNDERS



good services, good value

Date	DUTIES Description	Place	Place & Time of Departure	Place & Time of Return	ALLOWANCE CLAIMED	
					Return Car Mileage	Fares & Other Payments/ Subsistence
	13.14 EXECUTIVE Mtg	PEDDIFORD	5.30PM	7.30PM	12.	1
	24.14 MEETING SUB COMMITTEE	"	NONE	NONE	12.	
	24.14 COUNCIL Mtg	"	NONE	8.30PM		
	24.14 BUSINESS Mtg	"	NONE	NONE		
	24.14 BUSINESS Mtg	"	12.00PM	2.30PM	12.	
					26	£

The front of this claim form will be available for members of the public to view
 NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

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