



# MEMBERS ALLOWANCE CLAIM FORM

For the Month of JANUARY 2017.

Name Jo SANDALLS

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
	<del>PLANNING IT TRAINING.</del>		HOME	HOME		
15-1	PLANNING MEETING	PERSHORE	12:30P	5:27P.	12	
16-1	LICENSING SUB COMMITTEE	111 4	HOME 1:15P-	HOME 3:30PM.	12.	
					24	£

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