

# MEMBERS ALLOWANCE CLAIM FORM



For the Month of ..... 20....

Name Lynne Duffy.....

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
12/01/2016	11 Meeting	WDC	10.3	Home 12	30	
12/05/2016	N Claines	WDC	Home 12.30	Home 3		
12/04/2016	Jack	WDC	4	Home 6.30	30	
12/08/2016	budget scrutiny	WDC	3.3	Home 9	30	
14/12/16	exec briefing	WDC	8.3	8	30	
16/12/16	carol service		11.03	home 7.15	Home 9	30
22/12/16	vic	Aylesbury		9 Aylesbury	30	
01/05/2017	vic	Aylesbury		3 Home 8.30	30	
01/08/2017	N Claines	WDC	Home 2.3	Home 5		
19/1/17	jwab	Malvern		4 Home 6.30.		
19/1/17	Elmbridge PC	WDC	Home5	Home 9	5	
25/1/17	breakfast meeting	WDC	7.3	Home 9	30	
02/06/2017	N Claines	Worcester	Home 9.3	Home 12		

02/08/2017 exec board

15/2/17 Jack

22/2/17 council

WDC

WDC

Hampton Lovett

3 Home 4

3.3 Home 6.30

2 Home 9

30	
30	
30	
335	0

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

**NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF**