

-3/13 100

T >+11 11 (1)	MEMBERS ALLOWANCE	S CLAIM FORM	
NAME: JUDIH LLOY)	PLEASE USE BLOCK CAPITALS	S) CAR C.C	. RATING:

APPROVED DUTY ON WHICH ALLOWANCE IS CLAIMED		CAR TRAVEL		OTHER AMOUNTS CLAIMED		
Date	Name of meeting attended LG A Conference	Destination or place of meeting Bounements	Miles	Amount	Subsistence Allowance	Bus/Train Fares & other expenses
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MEMBERS N	IUST SIGN THE DECLARATION OVERLEAF	1				
	Quelith hes	19				

Total Claimed

15