

	0 - 1	MEMBERS ALLOWANCES CLAIM FORM
IAME. LONDE	1 E La L -	(DIFACE HOE DI COM CADITAL C)

CAR C.C. RATING:

APPROVED DUTY ON WHICH ALLOWANCE IS CLAIMED		CAR TRAVEL		OTHER AMOUNTS CLAIMED			
Date	Name of meeting attended G.M.IT.M. 10.30.3	Destination or place of meeting	Miles	Amount	Subsistence Allowance	Bus/Train Fares & other expenses	
					(美)		10
		HALL				12	40
		DRUY WULME HOHE				15	-
8-6-10						3	30
2-7-10	GMITA	M.T. M.				3	30
2-7-10	GMITA	id, T, H.				3	30
		M.T. H					
			,				
MEMBERS N	JUST SIGN THE DECLARATION OVERLE	AF					

Total Claimed 37 - 30



NAME: CLAR MRS J REILL (PLEASE USE BLOCK CAPITALS) CAR C.C. RATING:

APPROVED DUTY ON WHICH ALLOWANCE IS CLAIMED				CAR TRAVEL		OTHER AMOUNTS CLAIMED			
Date	Name of meeting attended	Destination or place of meeting		liles	Amount	Subsistence Allowance	Bus/Train Fares & other expenses		
	GMITA	MANCHESTER TOWN	HALL				3	30	
6-3-10		*			:		3	30	
27.8-10	· Va	*					2	40	
16-9-10							3	30	
MEMBERS	MUST SIGN THE DECLARATION OVERLEAF								