CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 25th OF EACH MONTH AND MADE UP TO THE END OF THE PREVIOUS MONTH

CLAIM BY COUNCILLOR: 5655 CCOUNCILLOR NUMBER (as found on paystip)...

...

FOR ALLOWANCES FOR THE MONTH OF AUG (6

	-			/					
AMOUNT		30.00	36.00						60.50
REASON(S) FOR CLAIM	DESCRIPTION OF APPROVED DUTY (Please indicate officer arranging meeting if not Democratic Services)	LICENSING SUB-PANEL (RMKS)	Licensing Sus - Panel						TOTAL CLAIMED 60. 50
DI COLORI DI GIGLIA DI COLORI DI COL	PERFOMED	11/8 GUICPHALL	23/8 Town HALL						

I DECLARE THAT the claims are strictly in accordance with the rates determined by the Council and by the Local Government Allowances and (Allowances to Members) Regulations.

D:			Date:
Date 51-16		91/6	Checked by:
Date		Date: 26/9/16	Batch No:
			Date.
		Authorised for Payment:	Input by:
Signature of Member:.	For Office Use Only	Democratic Services:	Payroll:

CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 25th OF EACH MONTH AND MADE UP TO THE END OF THE PREVIOUS MONTH

CLAIM BY COUNCILLOR: JESSE GREY	
COUNCILLOR NUMBER (as found on payslip)	
FOR ALLOWANCES FOR THE MONTH OF: SEC 16	

		REASON(S) FOR CLAIM	AMOUNT CLAIMED
DATE	PLACE WHERE DUTY WAS PERFOMED	DESCRIPTION OF APPROVED DUTY (Please indicate officer arranging meeting if not Democratic Services)	OZAMAZE .
6/12	YORK HOUSE	TAXI APPEARS	30.00
î.			
		TOTAL CLAIMED	30.00

I DECLARE THAT the claims are strictly in accordance with the rates determined by the Council and by the Local Government Allowances and (Allowances to Members) Regulations.

Signature of Member:		***********	Date	112/16	
For Office Use Only					
Democratic Services:	Authorised for Payment:		Date: 13/1/17		
Payroll:	Input by:	Date.	Batch No:	Checked by:	Date:

CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 25th OF EACH MONTH.

COUNCILLOR NUMBER (as found on payslip)..... FEG 8 F 2017 CLAIM BY COUNCILLOR. JESSE CREY

AMOUNT		30.00						30.00
REASON(S) FOR CLAIM	DESCRIPTION OF APPROVED DUTY (Please indicate officer arranging meeting if not Democratic Services)	LICENSING ARREAL						TOTAL CLAIMED
	PLACE WHERE DUTY WAS PERFOMED	Town KALL						
	DATE	00	-					1

I DECLARE THAT the claims are strictly in accordance with the rates determined by the Council and by the Local Government Allowances and (Allowances to Members) Regulations.

ignature of Member:			Date	Date 8/2/17	
For Office Use Only					
Democratic Services:	Authorised for Payment:		Date: 8/2/17		
Payroll:	Input by:	Care.	Batch No:	Checked by:	Date:

CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 25th OF EACH MONTH.

CLAIM BY COUNCILLOR:
COUNCILLOR NUMBER (as found on payslip)
FOR ALLOWANCES FOR THE MONTH OF

REASON(S) FOR CLAIM						
DATE	PLACE WHERE DUTY WAS PERFOMED	DESCRIPTION OF APPROVED DUTY (Please indicate officer arranging meeting if not Democratic Services)	CLAIMED			
13/2	Town HALL	LICENSING AFFEAL	30.00			
	•					
		TOTAL CLAIMED				

I DECLARE THAT the claims are strictly in accordance with the rates determined by the Council and by the Local Government Allowances and (Allowances to Members) Regulations.

Signature of Member:		***************	Date	3-2-17	
For Office Use Only					
Democratic Services:	Authorised for Payment		Date: 13/2/1	7.	
Payroll:	Input by:	Date.	Batch No:	Checked by:	Date:

CLAIMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 25th OF EACH MONTH.

COUNCILLOR NUMBER (as found on payslip).

FOR ALLOWANCES FOR THE MONTH OF. ... S. C. C.

AMOUNT		£3; \$3					
REASON(S) FOR CLAIM	DESCRIPTION OF APPROVED DUTY (Please indicate officer arranging meeting if not Democratic Services)	TAX ( PREALS					
	PLACE WHERE DUTY WAS PERFOMED	VORTA HOUSE					
	DATE	2110			The state of the s		

I DECLARE THAT the claims are strictly in accordance with the rates determined by the Council and by the Local Government Allowances and (Allowances to Members) Regulations.

9 1 9			hecked by:
(12)		9	Check
Date		Date: 6/12/	Batch No:
		yment	
		Authorised for Payment	Input by:
Signature of Member	For Office Use Only	Democratic Services:	Payroll: