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

	D. Colf. 2242
CLAIM BY COUNCILLOR:	0.000
	ound on payslip)
FOR ALLOWANCES FOR T	7 / /

REASON(S) FOR CLAIM			
DATE	PLACE WHERE DUTY WAS PERFOMED	DESCRIPTION OF APPROVED DUTY (Please indicate officer arranging meeting if not Democratic Services)	CLAIMED
13/7/18	TOUN HALL	このはは、	30
		TOTAL CLAIMED	30.00

Signature of Me

For Office Use

Democratic Se

Payroll:

Input by:

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) Regulary Signature of Me

Date: 13/7/18

Date: D

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

CLAIM BY COUNCILLOR: COPP, RG	
COUNCILLOR NUMBER (as found on payslip)	
FOR ALLOWANCES FOR THE MONTH OF: 5/5 2018	

		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)	CLAIMED
22 6 18	Town Hace	TAM LICENTE APPEAR	30-
		*	
		TOTAL CLAIMED	30 —
I DECLARE THA Members) Regulati	T the claims are strictly in accordan	ce with the rates determined by the Council and by the Local Government Allowance	
Signature of Memb	er:	Date 22/6/12	
For Office Use Only			
Democratic Servi	ces:	Date: 26/6/18	
Payroll:	Impar o):	Batch No: Checked by:	Date:

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

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

	REASON(S) FOR CLAIM		
DATE	PLACE WHERE DUTY WAS PERFOMED	DESCRIPTION OF APPROVED DUTY  (Please indicate officer arranging meeting if not Democratic Services)	CLAIMED
10/10/8	Co indiaci	Appras Panse	769
		TOTAL CLAIMED	

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

Q.P. 120
CLAIM BY COUNCILLOR:
COUNCILLOR NUMBER (as found on payslip)
FOR ALLOWANCES FOR THE MONTH OF SETOBLY

DESCRIPTION OF APPROVED DUTY  (Please indicate officer arranging meeting if not Democratic Services)  2/10/18  Culture  (Please indicate officer arranging meeting if not Democratic Services)  530  TOTAL CLAIMED  DECLARE THAT the claim of this believe the content of the conten			REASON(S) FOR CLA	IM		AMOUNT CLAIMED
DECLARE THAT the claimed by the Council and by the Local Government Allowances and (Allowances fembers) Regulations.  Date: 2/10/18	DATE					CEALITED
DECLARE THAT the claims and the council and by the Local Government Allowances and (Allowances Members) Regulations.  Date: 2/10/18	2/10/18	Fuldhall	appeals panel	3		£30
DECLARE THAT the claims and determined by the Council and by the Local Government Allowances and (Allowances and Indiana) and Indiana and						
DECLARE THAT the claims and control of the Council and by the Local Government Allowances and (Allowances and						
DECLARE THAT the claims and the council and by the Local Government Allowances and (Allowances						
DECLARE THAT the claims and the council and by the Local Government Allowances and (Allowances Members) Regulations.  Date: 21018  Date: 21018					TOTAL CLA	IMED
For Office Use Only  Democratic Services:  Date: 12/10/18			determi		nd by the Local Government A	
Democratic Services:  Date: 12/10/18	signature of Men	mber:	eriologicae:	Date	2/16/18-	
Democratic Services:  Date: 12/0/18						
	Democratic Ser Payroll:	rvices:		Date: 2/10	Checked by:	Date:

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

	Carol	1295
CLAIM BY COUNCILLOR:		Mar and the distriction of the second
COUNCILLOR NUMBER (as found	on payslip)	1872SC
FOR ALLOWANCES FOR THE N		

AMOUNT

					CLAIMED
DATE	PLACE WHERE DUTY WAS PERFOMED		DESCRIPTION OF API officer arranging meet	PROVED DUTY ting if not Democratic Services	
1/11/18	Town Hall	Transport Ap	peal Panel		630
	· ·	. 2000			
		á			
			=======================================	TOTAL CL	AIMED
DECLARE THA	AT the claims are strictly in accorda	ance with the rates determin	ned by the Council a	nd by the Local Government	Allowances and (Allowances to
embers) Regula	tions				
gnature of Men	aber:.		Date	1/11/18	
or Office Use Or	ıly				
Democratic Serv	rices:		Date: \/ /\	118	.,
Payroll:	Input by:	Date:	Batch No:	Checked by:	Date:

REASON(S) FOR CLAIM

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

CLAIM BY COUNCILLOR: D-Coll, CGC2
COUNCILLOR NUMBER (as found on payslip)
FOR ALLOWANCES FOR THE MONTH OF:

**AMOUNT** 

DATE	DI LOR WATER BUILDING				CLAIMED
DATE	PLACE WHERE DUTY WAS PERFOMED		DESCRIPTION OF APPROVE	ED DUTY	
	PERFONED	(Please indicate	officer arranging meeting if	not Democratic Services)	
1 1 ×	}				
14/12/16		appeals parel			£30
		11			
				TOTAL CLAVATOR	
				TOTAL CLAIMED	
DECLARE THAT	the claims are strictly in accorden	00 with the nates det		1 7 10	1 ( ) 11
Members) Regulati	the claims are strictly in accordant	ce with the rates determin	ned by the Council and by	the Local Government Allowance	s and (Allowances to
Wiemoors) Regulati	5115.			r )	
			34 0		
Signature of Memb	er:.	****	Date	4/12/13.	
			Butommi		
For Office Use Only					
Democratic Service	200		Data: 14 115 45		
			Date: 18/12/18		
Payroll:	Input by:	Date:	Batch No:	Checked by:	Date:

REASON(S) FOR CLAIM

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

Payroll:

-	C-10 1	211
CLAIM BY COUNCILLO	OR COTTIN	ZEL
COUNCILLOR NUMBER	(as found on payslip)	
		JAMBREY

**AMOUNT** 

Date:

			CLAIMED
DATE	PLACE WHERE DUTY WAS PERFOMED	DESCRIPTION OF APPROVED DUTY  (Please indicate officer arranging meeting if not Democratic Services)	
23/1/19	MARGULIAN	TAYI LICENTE APPEAL	
. ,			
		A	
		TOTAL CLAIMED	£30
DECLARE THA' Members) Regulati	T the claims are strictly in accordance ion	ce with the rates determined by the Council and by the Local Government Allowance	s and (Allowances to
Signature of Memb		Date 23/(19	
For Office Use Only			
Democratic Servi	ces	Date: >< /   ( )	

Batch No:

Checked by:

REASON(S) FOR CLAIM