## ROYAL BOROUGH OF WINDSOR OF MAIDENHEAD

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

| CLAIM BY COUNCILLOR: M HUNST  |
|---|
| COUNCILLOR NUMBER (as found on payslip) FOR ALLOWANCES FOR THE MONTH OF |
| FUR ALLUWANCES FOR THE MONTH OF   |

|   |  | REASON(S) FOR CLAIM  | AMOUNT                |
|---|--|--|-----------------------|
| DATE                                    | PLACE WHERE DUTY WAS<br>PERFOMED           | DESCRIPTION OF APPROVED DUTY  (Please indicate officer arranging meeting if not Democratic Services) | CLAIMED               |
| 31.8.18                                 | TOWN HAVE M'HEA                            | LICENSING SOB COMMITTEE  | 730                   |
|   |  |  |                       |
|   |  |  |                       |
|   |  |  |                       |
|   |  |  |                       |
|   |  |  |                       |
|   |  | TOTAL CLAIMED  | £30                   |
| DECLARE THATE THATE THATE DECLARE THATE | T the claims are strictly in accordations. | nce with the rates determined by the Council and by the Local Government Allowand                    | ces and (Allowances t |
| ignature of Memb                        | er:  | Date 31 . 8 . 18   |                       |
| For Office Use Only                     | y  |  |                       |
| Democratic Service                      | ces: Authorised for Payment                | Date: 14/9/18  |                       |
| Payroll:                                | Input by:                                  | Date: Batch No: Checked by:  | Date:                 |

## ROYAL BOROUGH OF WINDSOR OF MAIDENHEAD

CL\_HMS MUST BE FORWARDED TO DEMOCRATIC SERVICES BY THE 25th OF EACH MONTH.

| CLAIM BY COUNCILLOR: M. HUNT            |  |
|---|--|
| COUNCILLOR NUMBER (as found on payslip) |  |
| FOR ALLOWANCES FOR THE MONTH OF         |  |

| AMOUNT<br>CLAIMED | DATE PLACE WHERE DUTY WAS DESCRIPTION OF ADDROVED DATE  |                 |         |  |  |
|-------------------|---|-----------------|---------|--|--|
| CLAIMED           | PLACE WHERE DUTY WAS PERFOMED  (Please indicate officer arranging meeting if not Democratic Services) |                 |         |  |  |
| £30               | LICENSING PANEL SUB PANEL   | COUNCIL CHAMBER | 15.8.18 |  |  |
|                   |   |                 |         |  |  |
|                   |   | ×               |         |  |  |
|                   |   |                 |         |  |  |
|                   |   |                 |         |  |  |
|                   |   |                 |         |  |  |
|                   | TOTAL CLAIMED   |                 |         |  |  |

1 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      | 15.8.18                                  |       |
|----------------------|------------------------|-------|-----------|--|-------|
| For Office Use Only  |                        |       | 17.074.3  | 53 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - |       |
| Democratic Services: | Authorised for Payment |       | Date: 29  | 18/18                                    |       |
| Payroll:             | Input by:              | Date: | Batch No: | Checked by:                              | Date: |