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

	1, 4
CLAIM BY COUNCILLOR:	DIONOIS MAKE 127
COUNCILLOR NUMBER (as found on payslip)	1012
FOR ALLOWANCES FOR THE MONTH OF:	03-4. In 23

	REASON(S) FOR CLAIM		
DATE	PLACE WHERE DUTY WAS PERFOMED	DESCRIPTION OF APPROVED DUTY (Please indicate officer arranging meeting if not Democratic Services)	CLAIMED
3.1.2019	Toon Hall	Lic. Siels. Panel.	
ħ		E.	
		TOTAL CLAIMED	£30_

Members) Regulations.

Signature of Member:

Date: 25/1/19

Payroll: Input by: Date: Batch No: Checked by: Date:

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

	\bigcirc		1	A
CLAIM BY COUNCILLOF	\sim	2000	2 mg V	-xron
COUNCILLOR NUMBER (a	s found on payslip)			· · · · · · ·
FOR ALLOWANCES FOR		/ b	Suls	and

	REASON(S) FOR CLAIM					
DATE	PLACE WHERE DUTY WAS PERFOMED	DESCRIPTION OF APPROVED DUTY (Please indicate officer arranging meeting if not Democratic Services)	CLAIMED			
16 Jan 20.	Windson	Couldhall - Lic. Sub. Panel.				
		TOTAL CLAIMED	£30			

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

Por Office Use Only

Democratic Services: Authorised for Payment:

Payroll: Date: 25/1/9

Batch No: Checked by: Date:

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

CLAIM BY COUNCILLOR:	89441	313
COUNCILLOR NUMBER (as found or		
FOR ALLOWANCES FOR THE MC	ONTH OF:	1881 1881 1988 1988 1980 1980 1

		REASON(S) FOR CLA	IM		AMOUNT CLAIMED
DATE	PLACE WHERE DUTY WAS PERFOMED		DESCRIPTION OF APPROV	ED DUTY	CERTIFIED
	FERFONIED	(Please indicate	officer arranging meeting if	not Democratic Services)	
14th 2001/18	Town Hall	Lic. A	presil Pe	Final	£30
				TOTAL CLAIMED	
DECLARE THAT Members) Regulati	T the claims are strictly in accordance.	nce with the rates determine	ned by the Council and by	the Local Government Allowance	es and (Allowances to
signature of Memb	er:		Date	th NW 18.	
For Office Use Only	1				
Democratic Service	ces: Authorised for Payment	::	Date: 18/12/6	8	
Payroll:	Input by:	Date:	Batch No:	Checked by:	Date:

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

Standard Secretary	avera luston
CLAIM BY COUNCILLOR:	
COUNCILLOR NUMBER (as found on payslip)	£
FOR ALLOWANCES FOR THE MONTH OF:	10,600,18

	REASON(S) FOR CLAIM					AMOUNT CLAIMED
DATE	PLACE WHE PERFOMED	RE DUTY WAS		DESCRIPTION OF APPROVE	ED DUTY	CLIMINED
10	PERFUNED		(Please indicate of	officer arranging meeting if	not Democratic Services)	
18/NOU 18	Town	doll.	Transpo	MAPPEN	Panel.	£30
						
	Į,				TOTAL CLAIMED	
DECLARE THA Members) Regulat	T the claims ar	e strictly in accordance	e with the rates determine	ned by the Council and by	the Local Government Allowanc	ees and (Allowances to
Signature of Memb	oer:			Date	1000118	
For Office Use Onl	у					
Democratic Servi	ces: Aut	horised for Payment:		Date: \/ \/ \/		
Payroll:		it by:		Batch No:	Checked by:	Date:

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

CLAIM BY COUNCILLOR: .	Mps.	S	(uxto	NE
COUNCILLOR NUMBER (as f				
FOR ALLOWANCES FOR T	HE MONTH OF:			(344)

		REASON(S) FOR CLAIM	AMOUNT CLAIMED
ATE	PLACE WHERE DUTY WAS PERFOMED	DESCRIPTION OF APPROVED DUTY (Please indicate officer arranging meeting if not Democratic Services)	CLAIMED
5.10.18	Wirdsor.	Lic. Sub Panel (Boom Bar)	£30
51.10,18.	Town Hours	Lic. Sub Panel (Boom Bar) Uc. Sub Panel (Tani)	£30
		TOTAL CLAIMED	£60

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

CLAIM BY COUNCILLOR:	Luxton
CLAIM BY COUNCILLOR:	
COUNCILLOR NUMBER (as found on payslip)	891441313

AMOUNT CLAIMED

FOR ALLOWANCES FOR THE MONTH OF:

D. A CELE	DI LOD					CLAIMED
DATE	PERFON	WHERE DUTY WAS IED		DESCRIPTION OF APPR officer arranging meeting	OVED DUTY g if not Democratic Services)	
10tacr'18.	Lic	Sub Panel	Lic. Si	eb Pan	رفا	00£
	Win	ndsor				
					TOTAL CLAIMED	
DECLARE THATembers) Regulati	Γ the clair ons.	ns are strictly in accordance	with the rates determi	ned by the Council and	by the Local Government Allowan	ces and (Allowances to
ignature of Memb	er		****	Date!	2/10/18	
For Office Use Only						
Democratic Service	ces:	Authorised for Payment		Date: [2/10	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.

	M	<	1	k x
CLAIM BY COUNCILLOR: .	1,173	<u> </u>	Linx	
COUNCILLOR NUMBER (as f	°ound on payslip)	89	7.4.4.1	3.B

FOR ALLOWANCES FOR THE MONTH OF:

			REASON(S) FOR CLA	IM			AMOUNT CLAIMED
DATE	PLACE WHE PERFOMED	RE DUTY WAS		DESCRI	PTION OF APPROVE	DUTY	
	TERT ONED		(Please indicate	officer a	rranging meeting if n	ot Democratic Services)	
2nd out 18	· FW.	, vol	Appeal	P	anel.		£30
			11				
			*			9	
						TOTAL CLAIMED	
I DECLARE THA' Members) Regulati	T the claims ar	e strictly in accordance	with the rates determi	ned by t	the Council and by t	ne Local Government Allowan	ces and (Allowances to
					= -	4	
Signature of Memb	per:				Date	Jour 18.	
For Office Use Only	у						
Democratic Servi	ces: Aut	norised for Payment:			Date: 12/10/18		
Payroll:	Inpu	t by:	Date:	Batch		Checked by:	Date:

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

REASON(S) FOR CLAIM					
DATE	PLACE WHERE DUTY WAS PERFOMED	DESCRIPTION OF APPROVED DUTY (Please indicate officer arranging meeting if not Democratic Services)	CLAIMED		
31 Aug 15	F. Town Hall.	Lic. appeal. Panel	560		
			1		
		TOTAL CLAIMED	\$ 60		

Members) Regulations.	2004			•	
Signature of Membe For Office Use Only			Date.	38 Aur 18"	
Democratic Services:	Authorised for Paymer		Date: 14/9	9/18	
Payroll:	Input by:	Date:	Batch No:	Checked by:	Date:

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

	W. Tr
CLAIM BY COUNCILLOR:	ira lucton
COUNCILLOR NUMBER (as found on payslip)	
FOR ALLOWANCES FOR THE MONTH OF:	944133

AMOUNT

DATE	PLACE WHERE DUTY WAS		DESCRIPTION OF	PROGRAM AND	CLAIMED
	PERFOMED	(Please in	DESCRIPTION OF A adicate officer arranging me	eeting if not Democratic Services)	
15th Augi 18	Town they	Lic.	-pheal =	Panel.	£30
					Estimate.
	i				
				TOTAL CLAIR	MED
DECLARE THAT lembers) Regulati	T the claims are strictly in accordions.	lance with the rates d	letermined by the Council	and by the Local Government All	owances and (Allowances to
ignature of Memb	per:,		Date	15=1h Aug! 18.	
For Office Use Only	y				
Democratic Service		nt:	Date: 29	18/18	
Payroll:	Input by:	Date:	Batch No:	Checked by:	Date:

REASON(S) FOR CLAIM

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

~ <		1 6
CLAIM BY COUNCILLOR:	DayOvara	LuxIon
COUNCILLOR NUMBER (as fou	nd on payslip)	
FOR ALLOWANCES FOR THE	E 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		
25thapil.	Toon Hell.	Lic. Panel.	30		
			-		
		TOTAL CLAIMED	30		

Members) Regulations.

Signature of Memb

For Office Use Only

Democratic Services: Authorised for Paymen

Payroll: Input by: Date: Batch No: Checked by: Date:

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

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

21 -1
CLAIM BY COUNCILLOR: 1 US. J. LUXTON
COUNCILLOR NUMBER (as found on payslip)
FOR ALLOWANCES FOR THE MONTH OF: 115

	REASON(S) FOR CLAIM					
DATE	PLACE WHERE DUTY WAS PERFOMED	DESCRIPTION OF APPROVED DUTY (Please indicate officer arranging meeting if not Democratic Services)	CLAIMED			
30/1/18	Taxi Appeal	D. Savices	30.00			
		TOTAL CLAIMED				

Members) Regulations.

Signature of Men

Date: 30/1/8

Democratic Services: Authorised for Paymer

Payroll: Input by: Date: Batch No: Checked by: Date:

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

CLAIM BY COUNCILLOR: Mes. S. Lasty	
COUNCILLOR NUMBER (as found on payslip). 89 44 13 3	
FOR ALLOWANCES FOR THE MONTH OF:	

			REASON	(S) FOR CLA	IM				AMOUNT CLAIMED
DATE	PLACE V PERFOM	VHERE DUTY WAS ED	(P			PTION OF APPROVI		Services)	OB, III, ABD
8 may 18	700	on Hall.	50	hool o	ap	peal.			£30
							тот	AL CLAIMED	
DECLARE THAT Members) Regulation	Γ the claim	s are strictly in accordan	ce with the	rates determi	ned by t	he Council and by	the Local Gover	mment Allowanc	es and (Allowances to
Signature of Memb	er		**********			Date	***************************************		
For Office Use Only	/								
Democratic Service	ces:	Authorised for Payment				Date: 15/11/18			
Payroll:		input by:	Date:		Batch		Checked by:		Date: