LAOIS PUBLIC PARTICIPATION NETWORK

Claim by Members for Travelling Expenses and Subsistence Allowance

Name & Address of Member

_____

_____

_____

_____

No of Miles _____

Car Reg No _____

C.C. _____

Make: _____

Total Miles Rate: *50 cent per mile*

Date & Venue of Meeting	**Nature of Meeting**	**Return Mileage**