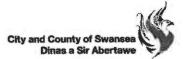
29 JAN 2014

Councillors ICT Claim Form



Councillor Name:	and the same of th									
Address:							-			
Post Code:	SAI	600								
Please provide de payments will onl										
Date Purchased				Item	/ Service	Purchased				Cost
25.1.14	Apple	IPAD	CEL	し 32	SL					<i>‡5</i> 79.
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la va								<u> </u>		
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*								Total An	nount Claime	£579
A. I have incurred B. I understand the	at I am entitle			-						28. 1.14
									For Office Us	e
								ļ	Checked By:	
									Payroll No.:	
									Month Paid:	8.