MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of ...MAY..... **2011**

Name ...J. BULMAN.....

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
7/5/11	Attend Intro Meeting	Wychavon Pershore	Evesham 0850hrs	Evesham 1210hrs	20	PARKING 2.10
12/5/11	Induction Programme	—"—	1745 Evesham	Evesham 2140	20	
17/5/11	Annual Council Meeting	—"—	1745 Evesham	Evesham	20	
18/5/11	Joint Planning Training	County Hall Worcester	1630 Evesham	2145 Evesham	32	
19/5/11	——— " ———	—"—	1630 Evesham	2100 Evesham	32	
26/5/11	Probity, Training + Planning Committee	Pershore	1245 Evesham	1725 Evesham	20	
					144	£ [redacted]

The front of this claim form will be available for members of the public to view

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF