MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of JUNE **2011.**

Name J. BULLMAN

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
9/6/11	Licensing Committee Training	Pershore	1315hrs Evesham	1645 Evesham	20	
22/6/11	APEST meeting + Training	Pershore	14 00hrs Evesham	1930 Evesham	20	
28/6/11	Finance Training + Council Meeting	Pershore	Evesham	Evesham	20	
					160	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF