ERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

ne Month of August — OCTOBER 20 11.

Name J. BULMAN

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
25/8/11	I.T. Training	Wychavon D.C.	Evesham –	Pershore Return	20	
26/10/11	Interview Meeting. Leader.	— " —	— " —	— " —	20	
					40	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

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