MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of JULY **20**11

Name JO SANDALLS

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
05/7	BRIEFING OPPORTUNITY DAY OF EVESHAM & SPECIAL COUNCIL MTG	PERSHORE	HOME 12.30P.	HOME 8.30PM.	12.	
12/7	EXECUTIVE MEETING + MTG WITH LEADER	" "	HOME 5.PM.	HOME 8.PM.	12.	
21/7	SITE VISITS + APP WITH planning off PLANNING COMMITTEE	" "	HOME 1030	HOME 530P	12	
					36.	£

WYCHAVON DISTRICT COUNCIL
-5 AUG 2011
RECEIVED
POST ROOM

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF