MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of ~~April~~ June ..... 2011.

Name J M Smith .....

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
6/4/11	O/S Cttee	Home	Fin 1600	Fin 1915	13	
17/5/11 ~~20/4/11~~	Council	"	" 1600	" 2015	13.	
14/6	Council (Special)	"	" 1615	" 2000	13.	
16/6	Meeting Fred Davies	"	" 1130	" 1300	13.	
16/6	Briefing SWDP	"	" 1730	" 2000	13	
29/6	Council	"	" 1645	" 1830	13	
					78	
					@45p	£ [redacted]

WYCHAVON DISTRICT COUNCIL
11 JUL 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