

# MEMBERS ALLOWANCE CLAIM FORM

For the Month of AUGUST..... 2011

Name JO SANDS



WYCHAVON DISTRICT COUNCIL  
- 9 SEP 2011  
RECEIVED POST ROOM

PERSONNEL & PAYROLL

Date	DUTIES Description	Place	ALLOWANCE CLAIMED			
			Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
✓ 17.8	INDIVIDUAL SITE VISIT TO FERRIS HEALTH CENTRAL	ST SHAWNE RD Ferris Health	HOME 7. AM.	HOME 9. AM.	32	
✓ 18.8	WPA TRAINING COMMITTEE DEVELOPMENT CENTRAL MEET	PERSHORE	HOME 12. PM	HOME 6. AM	12	
✓ 25.8	MEMBERS PORTAL TRAINING (IT)	" " "	HOME 5. 30P	HOME 5. 30P	12	
					56	£

The front of this claim form will be available for members of the public to view  
NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF