

MEMBERS ALLOWANCE CLAIM FORM

For the Month of OCTOBER 2011

Name Ja Sandall

WYCHAVON DISTRICT COUNCIL
- 9 NOV 2011

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- 9 NOV 2011
RECEIVED POST ROOM

Date	DUTIES Description	PERSONNEL Place & PAYROLL	ALLOWANCE CLAIMED			
			Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
2011/10/19	EXECUTIVE BOARD Mtg.	PERSHORE	HOME 5.30P	HOME 9.30P	12	
18.11	SITE VISITS.	" "	HOME		12	
18.11	PLANNING TRAINING	" "				
18.11	PLANNING COMMITTEE Mtg	" "		HOME 7.30AM		
20.10	STAFF RECOGNITION AWARDS.	" "	HOME 10.0AM.	12.PM.	12.	
					36.	£

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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