MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
- 7 SEP 2011

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WYCHAVON DISTRICT COUNCIL
good services, good value

E/PT/02 - (01/04)

For the Month of AUGUST 20 11 Address [redacted]

Member's Name LIZ EYRE

DUTIES			ALLOWANCE CLAIMED							
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Time Absent from home Hrs	Mins	Mode of Travel	Return Car Mileage	Fares & Other Payments	Subsistence (*See note overleaf)
✓2/8	SCRUTINY CAR PARKS	WORC	B'WAY 9.00	B'WAY 13.00	4	0	CAR	44		
✓8/8	LICENCING ISSUE	WORCS	B'WAY 9.00	B'WAY 12.30	3	30	CAR	44		
✓11/8	SCRUTINY SU AVON	Stratford	B'way 13.00	B'way 17.30	4	30	CAR	45		
							TOTALS	133	£	£

Details of Any Allowance	
Claimed on the above dates	
From any other body	

x..... pence

Gross amount claimed £

NB: PLEASE COMPLETE AND SIGN DECLARATION OVERLEAF

Input	
Checked	