MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value
F/PT/02 - (01/04)

For the Month of FEBRUARY. MARCH. APRIL 20 11

Address [redacted]

Member's Name PAMELA DAVEY.

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)
1st Feb	Canal open working party	CIVIC CENTRE	8.30 Home	Home 12.00			28		—
1st March	Canal open working party	"	9.00 Home	Home 12.00			28		—
3rd.	sites insp. Planning	"	9.00 Home	Home 6.00			28		—
28th	Children & Young people	"	1.00 Home	Home 6.00		112	28		—
12th Apl.	Council.	"	5.30 Home	Home 9.30.			28		—
						TOTALS	140	£	£

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

40p x..... pence

[redacted]

Gross amount claimed £

Input	
Checked	

(7.00)

NB: PLEASE COMPLETE AND SIGN DECLARATION OVERLEAF