

MEMBERS ALLOWANCE CLAIM FORM

For the Month of ^{AUG} SEPT/OCT 20.11

(SHEET 1)

Name RWBANKS EBM RESOURCES

Date	DUTIES Description	Place	ALLOWANCE CLAIMED			
			Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
						NONCLAIMED
16/8	VALLISON	WDC	HOME 2.0	HOME 6.0	30	
14/9	PEER REVIEW ELMBRIDGE	do	do 9.0	do 6.0	30	do
19/9	IAN DUNKAN SMITH / DEUS (BENS)	do	do 1.30	do 6.0	30	do
	V. ALLISON		do 7.00	do 7.0	20	do
23/9	SPARSE MG: LONDON GILT WESTERN TAXI.	FORCOURT GRAYS INN RD WICK 3WS				£34 £20
	do	do	do 2.00	do 9.30	30	
27/9	FULL COUNCIL	EXEC	do 4.00	do 7.30	30	
30/9	MG: PHIL BRADBURN WITH BOARD	do	do 2.00	do 6.00	30	
01/10	VALLISON / P. BIRCH (WCC) ETC	do	do 2.30	do 9.00	30	
11/10	EXEC BOARD				230	£54

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

WYCHAVON DISTRICT COUNCIL
10 NOV 2011

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