

MEMBERS ALLOWANCE CLAIM FORM

For the Month of AUGUST..... 2011..

Name MR T. J. NOYES



Date	DUTIES		ALLOWANCE CLAIMED			
	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
2/8	CAR PARK SCRUTINY	ORCHARD HOUSE WORCESTER	9.20 HOME DROPTOWN SQ	HOME	16	
11/8	CAR PARK SCRUTINY	CIVIC CENTRE PERSHORE	12.15 HOME	"	26	
16/8	CAR PARK SCRUTINY	COUNTY HALL WORCESTER	14.10 HOME	"	13	
18/8	PLANNING	CIVIC CENTRE PERSHORE	12.30 HOME	12.30 "	26	
					81	
					81	
						£

WYCHAVON DISTRICT COUNCIL
19 AUG 2011
RECEIVED POST ROOM

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

8