MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
- 1 NOV 2013
RECEIVED
POST ROOM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Months of July- October 2013

Name Bob Brookes

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure** Droitwich	**Place & Time of Return** Droitwich	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
24-Sep	Council Meeting	Civic Centre	17:30	21:30	26	
15-Oct	Executive Board	Civic Centre	17:30	21:30	26	
22-Oct	Neighbourhood Plan seminar	Civic Centre	16:00	20:30	26	
29-Oct	O&S meeting	Civic Centre	16:00	20:30	26	
					104	

The front of this claim form will be available for members of the public to view

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF