MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
- 6 AUG 2012
PERSONNEL & PAYROLL

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of ..July..... **20**12.

Name ..M.C.J. BARRATT.....

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure** DROITWICH	**Place & Time of Return** DROITWICH	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
16TH.	EXECUTIVE BOARD	CIVIC CENTRE	17.00	20 50	24	—
17TH	MEMBERS BRIEFING/ FULL COUNCIL	CIVIC CENTRE	16 00	19 44	24	—
19TH	PLANNING COMMITTEE	CIVIC CENTRE	13.00	20 35	24	—
24TH	OVERVIEW & SCRUTINY COMMITTEE	CIVIC CENTRE	17.00.	20 50	24	—
31ST	JOB EVALUATION PANEL.	CIVIC CENTRE (PLANNING MEMBERS OFFICE)	09 00.	12 42	24	—
					120.	£

WYCHAVON DISTRICT COUNCIL
- 6 AUG 2012
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