MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of ....JUNE..... 2012.

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
12th	OVERVIEW + SCRUTINY	CIVIC CENTRE	17.00	21.30	24	✓
13th	LICENSING SUB COMMITTEE: 1° CHOICE. LICENSING COMMITTEE 2° CHOICE	CIVIC CENTRE	12-00	15.45	24	✓
18th	CONDUCT COMMITTEE	CIVIC CENTRE	14 00	18-30	24	✓
					72	

WYCHAVON DIST ST COUNCIL
21 JUN 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

✓