MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
- 7 FEB 2013
RECEIVED
POST ROOM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of Jan 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**
22-Jan	O&S meeting	Civic Centre	17:30	20:30	25	
23-Jan	Breakfast Meeting	Civic Centre	07:00	10:30	26	
					52	

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF