MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of April **20**13

Name CHARLES HOMER

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
8/4	Hearing Panel.	Civic Centre	Home	work	20	
10/4	Harvington PC meeting	Harvington Village Hall	Home	Home	8	
16/4	Council WDC	Civic Centre	work	Home	20	
23/4	Exec Board	Civic Centre	work	Home	20.	
					£	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

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good services, good value

For the Month of ..... MAY 20.13

Name ..... CHARLES HOMER .....

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
14/5	Annual Council	Civic Centre	work	Home	20.	
21/5	Localism advisory Panel.	" "	HOME	WORK	20.	
					40	£

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