MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

2 of 2

For the Month of 1st March to 31/3 2013

Name Ron Davis

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
b/Fwd.					150	—
21/3/13	HWB - MENTAL HEALTH SEMINAR.	CIVIC CENTRE	DEFFORD 0900	DEFFORD 1530	6	—
26/3/13	SPECIAL EXEC BOARD	"	DEFFORD 1700	DEFFORD 1830	6	—
					162	£ —

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF