

MEMBERS ALLOWANCE CLAIM FORM

For the Month of MAY - SEP 2012

Name LYNNE DUFFY

WYCHAVON DISTRICT COUNCIL
04 OCT 2012
RECEIVED
POST ROOM

WYCHAVON DISTRICT COUNCIL
good services, good value

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
✓ 4/5	OT S	WDC	HOME 5.30	HOME 9	30	
✓ 8/5	Full Cancel	WDC	HOME 5.30	HOME 9.00	30	
✓ 15/5	Annual Cancel	WDC	HOME 5.30	HOME 9.00	30	
✓ 23/5	LSP	DROIT	HOME 9.45	HOME 1.15		PARKING 3.00
✓ 20/6	APEST	WDC	HOME 1.30	HOME 6.00	30	
✓ 3/7	Full Cancel	WDC	HOME 5.30	HOME 9.00	30	
✓ 24/7	OT S	WDC	HOME 5.30	HOME 9.00	30	
✓ 8/8	LSP	DROIT	HOME 9.45	HOME 1.00		PARKING 3.00
✓ 3/9	Localism	WDC	HOME 8.45	HOME 1.00	30	
✓ 4/9	Exec Board	WDC	HOME 5.30	HOME 9.00	30	
					240	£ 6.00

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF