MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of Feb **20**12

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	Overview & Scrutiny	CIVIC CENTRE	HOME	HOME	20	
15	Election Scrutiny	"	"	"	20	
21	Council	"	"	"	20	
22	Bitesize Lunch - Connections.	Worcs Uni City Campass	"	"	36.	
					96	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF