MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
-2 MAR 2012
R
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WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of ~~JANUARY~~ ..... **20**~~12~~

Name ...~~R.G. TARRANT~~.....

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
5	DC COMMITTEE	WYCHAVON	09.30	19.00	18	
10	EP BOARD	"	16.00	21.00	18	
17	WORKSHOP	"	14.00	21.00	18	
18	HIGHWAYS	COUNTY HALL	13.00	16.00	41	
24	OPS	WYCHAVON	16.00	20.45	18	
25	ROAD SAFETY MEMBER	COUNTY HALL	16.45	21.00	41	
					154	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF