MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value
F/PT/02 - (01/04)

For the Month of MARCH/APR/ **20** 13 **Address**

Member's Name LIZ EYRE

DUTIES			ALLOWANCE CLAIMED						
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Time Absent from home** Hrs	Mins	**Mode of Travel**	**Return Car Mileage**	**Fares & Other Payments**	**Subsistence (*See note overleaf)**
~~16~~/4/13	WDC Council	Civic Centre	B'way 17.00	B'way 21.00	4	0	Car	28		
~~23~~/4/13	Executive	"	B'way 16.00	B'way 21.00	5	0	Car	28		

WYCHAVON DISTRICT COUNCIL
22 MAY 2013
RECEIVED
POST ROOM

TOTALS 56 £ £

Details of Any Allowance	
Claimed on the above dates	
From any other body	

x..... pence

Gross amount claimed £

Input	
Checked	

NB: PLEASE COMPLETE AND SIGN DECLARATION OVERLEAF