

MEMBERS ALLOWANCE CLAIM FORM

For the Month of MARCH/APRIL 2013 Address _____

Member's Name LIZ EYRE

DUTIES			ALLOWANCE CLAIMED							
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Time Absent from home		Mode of Travel	Return Car Mileage	Fares & Other Payments	Subsistence (*See note overleaf)
					Hrs	Mins				
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		
TOTALS								56	£	£

WYCHAVON DISTRICT COUNCIL
22 MAY 2013
RECEIVED
POST ROOM

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

X.....
pence

Gross amount claimed
£

NB: PLEASE COMPLETE AND SIGN DECLARATION OVERLEAF

Input _____
Checked _____