MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of JANUARY 20.13

Name Cllr T.J. NOYES .....

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
3/1	PLANNING	WDC PERSHORE	HOME 8.30	HOME 5.15	26	
8/1	EXEC BOARD	"	HOME 5.15	HOME 3.30	26	
10/1	DELEGATED DECISIONS SCRUTINY	"	HOME 1.15	HOME 4.30	26	
31/1	PLANNING	"	HOME 8.45	HOME c.CA 8.30 p.m	26	
					104	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF