

MEMBERS ALLOWANCE CLAIM FORM

For the Month of APR/MAY/JUNE 2013

Name B M PARMENTER



WYCHAVON DISTRICT COUNCIL
good services, good value

Date	DUTIES Description	Place	ALLOWANCE CLAIMED			
			Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
			BROADWAY	BROADWAY	253	
<u>31/5</u>	MEETING RE BROADWAY SURGERY.	CIVIC CENTRE	2-35PM	5-25PM	25	
<u>10/6</u>	MCC COMM -	"	4-30PM	7-45PM	25	
<u>11/6</u>	OVERVIEW & SCRUTINY COMM	"	5-40PM	8-30PM	25	

328 £

The front of this claim form will be available for members of the public to view
NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF