MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
04 OCT 2012
RECEIVED
POST ROOM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of SEPTEMBER ..... 20..12

Name JO SANDALL.

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
4.9	EXECUTIVE BOARD MTG IT TRAINING.	REDDITCH	HOME 4.PM.	HOME 9.PM.	12	
6.9.	PASSIVE HAUSE VISIT.	" "	HOME 8½ SAM	HOME 3.0PM	12	
8.9	TRAINING) PLANNING) PLANNING MTG	" "	HOME 12.PM	HOME 6.30PM	12	
25.9	FULL COUNCIL MTG.	" "	HOME 5.30PM	HOME 8.PM	12	
					48	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF