MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of AUGUST **20**12

Name J. SADDALL.

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
16.8	SITE VISITS, PLANNING TDC PLANNING MEETING.	PERSHORE	HOME 9.AM.	HOME 6PM.	20	
					20.	£

WYCHAVON DISTRICT COUNCIL
-6 SEP 2012
RECEIVED
POST ROOM

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF