MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of ..... AUGUST 20 12

Name ..... MRS A. STEEL .....

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
2nd	N.H. Rooms	C. Centre	Home 9-30am	11-30 am	22-2	
7th	Hanbury P.C.	Hanbury V. Hall	Home 7-pm	9-30 pm	12-00	
14th	Cookhill P.C.	Cookhill V.Hall	Home 7-10pm.	9-30pm	10-00	
16th	Site Visits & Planning meeting.	C. Centre	Home 10AM	7-pm.	22-2	
22nd	Ex bod briefing	C. Centre	Home 9AM	C.C. 1-30pm.	22-2	

WYCHAVON DISTRICT COUNCIL
14 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