# MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of ...July..... 20.13

Name ...M.C.J. BARRATT.....

| DUTIES | | | ALLOWANCE CLAIMED | | | |
|---|---|---|---|---|---|---|
| Date | Description | Place | Place & Time of Departure DROITWICH | Place & Time of Return DROITWICH | Return Car Mileage | Fares & Other Payments/ Subsistence |
| 1st | SPECIAL EXECUTIVE BOARD. | CIVIC CENTRE | 16 15 | 18 35 | 24 | — |
| 16th | COUNCIL MEETING | CIVIC CENTRE | 17 20 | 20 15 | 24 | — |
| 24th | JOB EVALUATION | CIVIC CENTRE | 12 15 | 16 00 | 24 | — |
| 26th | JOB EVALUATION APPEAL. | CIVIC CENTRE | 9 15 | 14 00 | 24 | — |
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WYCHAVON DISTRICT COUNCIL
-1 AUG 2013
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

VB