# MEMBERS ALLOWANCE CLAIM FORM

For the Month of MARCH 20 14.

Name JO SANDALL.

WYCHAVON DISTRICT COUNCIL
- 7 APR 2014
RECEIVED
POST

WYCHAVON DISTRICT COUNCIL
good services, good value

| DUTIES | | | ALLOWANCE CLAIMED | | | |
|---|---|---|---|---|---|---|
| Date | Description | Place | Place & Time of Departure | Place & Time of Return | Return Car Mileage | Fares & Other Payments/ Subsistence |
| 18.3 | EXECUTIVE BOARD MTG. | PERSHORE | HOME 5.30PM | HOME 8.10PM | 12 | |
| 27.3 | SITE VISITS. | " " | HOME 9.15AM. | | | |
| #3 | PLANNING TRAINING PLANNING MEETING. | " " | | HOME 6.45PM. | 12 | |
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| | | | | | | |
| | | | | | 24. | £ |

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

**NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF**