

MEMBERS ALLOWANCE CLAIM FORM

For the Month of FEB - MAR 2014

Name LIZ EYRE



Date	DUTIES		ALLOWANCE CLAIMED			
	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
4/2	Executive WDC	Civic Centre	B'way 18.00	B'way 20.00	28	
18/2	Full Council	"	B'way 17.45	B'way 21.00	28	
25/2	" "	"	B'way 17.45	B'way 21.00	28	
7/2	Anniversary WDC	Harttebury	B'way 13.00	B'way 18.00	57	
12/3	Wychavon's Local Childrens Trust	Civic Centre	B'way 15.30	B'way 18.30	28	
					169	£

The front of this claim form will be available for members of the public to view
 NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF