

**MEMBERS ALLOWANCE CLAIM FORM**

For the Month of APRIL 2014

Name DAVID LEE

WYCHAVON DISTRICT COUNCIL  
15 MAY 2014  
RECEIVED POST ROOM



Date	DUTIES		ALLOWANCE CLAIMED			
	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
3	LICENCING COMMITTEE	W.D.C			22	
9	DELIGATED DECISIONS SCRUTINY PANEL	W.D.C			22	
15	FULL COUNCIL	W.D.C			22	

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

66 £29.70

*[Handwritten signature]*