MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of APRIL **20**14

Name Jo SANDALLS

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
04 15.	PROGRAMME AFFORDABLE HOMES TRG.	PERSHORE	HOME 5.1PM			
4	FULL COUNCIL.	" "		9.30PM.	12	
04 2h	PLANNING SITE VISITS, TRAINING	" "	HOME 9-am		12	
04 2h	PLANNING MEETING	" "	"	HOME 8.30PM		
					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