MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of ....MAY..... 20.14.

Name ....CLLR MIKE C J BARRATT

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
			DROITWICH	DROITWICH		
8TH.	JOB EVALUATION	WYCHAVON DISTRICT COUNCIL.	11-45.	15.50	25	~~11.25~~
13TH	ANNUAL COUNCIL	WYCHAVON DISTRICT COUNCIL	17.15	25.00	25	~~11.25~~
					25	£ ~~12.50~~

apologies sent.

WYCHAVON DISTRICT COUNCIL
12 JUN 2014
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