MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of 1st April to 30th April 20 14

Name RON DAVIS

DUTIES			ALLOWANCE CLAIMED			
Date 2014	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
7/4	MEETING AT MALVERN - CAR SHARE	CIVIC CENTRE	DEFFORD 0945	DEFFORD 1330	6	—
10/4	HEALTH - MEETING.	— " —	DEFFORD 0900	DEFFORD 1115	6	—
11/4	ENVIRONMENT AGENCY STRENSHAM COURT LAKE	TEWKESBURY	DEFFORD 1315	DEFFORD 1730	22	—
16/4	FULL COUNCIL MEETING.	CIVIC CENTRE	DEFFORD 1745	DEFFORD 2030	6	—
22/4	HEALTH. P. C. —	COUNTY HALL	DEFFORD 1230	DEFFORD 1600	23	—
					63	£ —

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF