MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
10 JUL 2014
RECEIVED
POST ROOM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of ....June..... 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
10-6	TRAINING PLANNING COMMITTEE Mtg.	PERSHORE	HOME 6PM.		12	
"	EXECUTIVE BOARD	" "		HOME 7PM		
19.6	PLANNING MEETING	" "	HOME 3.30PM	HOME 7PM	12.	have attended due to funeral.
24.6	SPECIAL COUNCIL MEETING	" "	HOME 6PM	HOME 6.30PM	12	
					36.	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF