MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of ....MAY..... **20**14

Name ...Cllr PETER TOMLINSON...

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
6	O&S. Committee	Pershore	Lineholt 5.00 pm	Pershore 8.45 pm	35	
13	Annual Council	Pershore	Lineholt 4.30pm	Pershore 8.00pm	35	
28	Joint Scrutiny Task Group.	Bromsgrove	Lineholt 4.15 pm	Bromsgrove 8.00pm	35	
29	Briefing meeting with Chair O&S	Pershore	Lineholt 9.15 am	Pershore 10.45 a.	35	
					N/C	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of .....APRIL..... **20.14**

Name COUNCILLOR PETER TOMLINSON

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
15	COUNCIL.	PERSHORE	Lineholt 4pm	Pershore 8.15.pm	35	
22.	JOINT SCRUTINY TASK GROUP (WRS)	BROMSGROVE	Lineholt 1.30pm	Bromsgrove 4 pm	35	
30	JOINT SCRUTINY TASK GROUP (WRS)	BROMSGROVE	Lineholt 5pm	Bromsgrove 8.30pm	35	
					105	£

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