

MEMBERS ALLOWANCE CLAIM FORM



For the Month of OCTOBER 2014

Name JO SANDAUS

Date	DUTIES		ALLOWANCE CLAIMED			
	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
	SITE VISIT. PLANNING TRG.	HOME	HOME			
10/10	PLANNING MEETING	HOME 9.00am	HOME 6.14.57PM	HOME ^{5.15}	12	
	EXECUTIVE MEETING	HOME	HOME	HOME		
10/10	SPECIAL COUNCIL MEETING	HOME 4.30PM	HOME 4.30P	HOME 12	12	

WYCHAVON DISTRICT COUNCIL
11 NOV 2014
RECEIVED POST ROOM

20 £

The front of this claim form will be available for members of the public to view
NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF