

MEMBERS ALLOWANCE CLAIM FORM

For the Month of APRIL 2015

Name DAVID LEE

WYCHAVON DISTRICT COUNCIL
30 APR 2015
RECEIVED
POST ROOM



DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
1st	DELEGATED DECISIONS	W D C			22	
	CHOICE PANEL/CONSULTATION					
	& SELECTION WITH WILL WADE					
7th	ROUS LENCH P. COUNCIL	ROUS LENCH			12	
15th	DELEGATED DECISIONS PANEL	W. D. C			22	
21st	FULL COUNCIL	— " —			22	
29th	LICENCING COMMITTEE	— " —			22	
					100	£ 45.00

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

R KSP