

MEMBERS ALLOWANCE CLAIM FORM

For the Month of MAY 2015

Name JO SANDALLS

WYCHAVON DISTRICT COUNCIL
11 JUN 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
20.5	FULL COUNCIL	PERSHORE	HOME 5:30PM.	HOME 8:PM.	12	
21.5	PLANNING TRAINING	" "	HOME 5:30P.	HOME 8:PM.	12	
22.5	SITE VISIT PLANNING TRP.	" "	HOME 8:30P.		12	
24	PLANNING	" "		HOME 7:30PM		
					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