

MEMBERS ALLOWANCE CLAIM FORM



For the Month of MAY 2015

Name KEITH WRIGHT

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
12	WYCHAVON INTRODUCTION	W.D.C.	HOME 17-05	HOME 20-53	24	
20	ANNUAL COUNCIL	W.D.C.	HOME 17-10	HOME 19-40	24	
21	PLANNING TRAINING	W.D.C.	HOME 17-23	HOME 20-28	24	
28	PLANNING COMMITTEE	W.D.C.	HOME 13-04	HOME 19-21	24	
					96	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF