MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of JANUARY **20**16

Name A. P. MILLER

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
6/1	SUB-LICENSING	WDC	HOME 11.30AM	HOME 4PM	29	
7/1	PLANNING	WDC	HOME 9.00AM	HOME 5.30PM	29	
13/1	MEETING WITH MP's	WDC	HOME 5PM	HOME 8.00PM	29	
20/1	OVERVIEW + SCRUTINY	WDC	HOME 4PM	HOME 8.30PM	29	
27/1	SUB - LICENSING	WDC	HOME 1PM	HOME 5PM	29	
					145	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

8