MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of ....August..... **20**15

Name .....A. STEEL.....

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
17th	Co-optees for localism	C. Centre	Home 5-0pm.	cc. 7-30pm.	22-2	—
18th	localism briefing (Phil's office)	" "	" 2-0pm.	cc. 3-30pm.	22-2	—
20th	Planning.	" "	" 12-30pm.	cc. 4-30pm.	22-2	—
24th	localism meeting.	" "	" 9-30am.	cc. 12 noon.	22-2	—
	P.C. meeting(s) - Cookhill				10—	—
					98	£

WYCHAVON DISTRICT COUNCIL
- 8 SEP 2015
RECEIVED
POST ROOM

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF