

# MEMBERS ALLOWANCE CLAIM FORM



For the Month of October 2015

Name Mrs A. STEEL

Date	DUTIES		ALLOWANCE CLAIMED			
	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
✓ 5 <sup>th</sup>	LCFAP.	C. Centre	Home 8:30am	cc. 12 noon	22-2	—
✓ 14 <sup>th</sup>	Et board	~ ~	~ 5:30pm	cc 7-3pm	22-2	—
✓ 15 <sup>th</sup>	Planning meeting	~ ~	~ 12:30pm	~ 7pm	22-2	—
✓ 20 <sup>th</sup>	members training (procurement)	~ ~	~ 5:30pm	~ 7pm	22-2	—
✓ 21 <sup>st</sup>	Special Council meeting + resolution Briefing	~ ~	~ 5pm	~ 7:30pm	22-2	—
✓	P.C. meetings - Cockhill, Hambury				22-	

WYCHAVON DISTRICT COUNCIL  
 26 NOV 2015  
 RECEIVED  
 POST ROOM

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The front of this claim form will be available for members of the public to view  
 NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF