MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of SEPTEMBER **20**15

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**
16/9	LICENSING + WOC WORKSHOP	WDC	HOME 1PM			
〃	HAMPTON LOVETT P.C.	HAMPTON LOVETT	WDC 7PM	HOME 10PM	38	
23/9	J.E. PANEL + LICENSING	WOC	HOME 8AM	HOME 6PM	28	£~~X.XX~~28
24/9	ELMBRIDGE P.C.	ELMBRIDGE	HOME 7PM	HOME 9.30PM	17	
30/9	FULL COUNCIL	WOC	HOME 3.30PM	HOME	28	
					111	£~~X.XX~~28

WYCHAVON DISTRICT COUNCIL
-2 OCT 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