MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of June **20**15

Name Elizabeth Eyre

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
10/6	Executive	Civic Centre	B'way 17.00	B'way 21.30	28	
17/6	Panel Agenda Setting Meeting Hoar	Civic Centre	B'way 14.30	B'way 17.30	28	
24/6	Meet with Executive	Civic Centre	B'way 11.00			
24/6	Overview and Scrutiny Train/ 1st meet	Civic Centre		21.00 B'way	28	
					84	£

WYCHAVON DISTRICT COUNCIL
- 2 JUL 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

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