MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of ..... July ..... 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
14/7	S106 + Finance training	* Civic Centre	B'way 17.15	B'way 21.00	28	
15/7	Delegated Decisions Dept C.	Civic Centre	B'way 13.30	B'way 21.00	28	
15/7	Rural Communities Panel					
22/7	Overview + Scrutiny	Civic Centre	B'way 17.15	B'way 21.30	28	
23/7	Planning Sandys Ave	Civic Centre	B'way 14.00	B'way 18.00	28	
29/7	Executive + Stephen Holloway	Civic Centre	B'way 14.30	B'way 21.30	28	
		* Pers Lore				
					140	£ 8

WYCHAVON DISTRICT COUNCIL
30 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