

MEMBERS ALLOWANCE CLAIM FORM

For the Month of January..... 2017

Name G. D. DAVYD.....



DUTIES				ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence	
11/1	SOOT GULLARD MEETING	WDC	HOME 0945	HOME 2000	16		
"	WESTRILE MEETING + EXEC BOARD	WDC	HOME	HOME 1630	16		
16/1	LOCAL HD PLAN WITH GRAD	WDC	HOME 1300	HOME 1300	16		
20/1	S. WOODS SAFETY PARTNERSHIP	WDC	HOME 0915	HOME 1300	16		
25/1	EXEC BOARD BACKEND	WDC	HOME 0845	←			
26/1	HD B. MEETING	COUNTRY HOTEL	WDC 1330	HOME 1715	32		
26/1	NHS ACUTE CONSULTATION	WDC	HOME 1300	←			
27/1	WYCHAVON LEASAGE BOARD MTG.	WDC	HOME	HOME 2000	16		
	SHEPHERD LUNCH	RAVINE CLUB GUESTIAN					
					96	£ —	

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