MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of JANUARY 20 17

Name HUGH. C. HAMILTON

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
19/1/17	TRAVEL / MILEAGE TO	TO MALVERN	DROITWICH Appx 3.40pm	MALVERN Appx 5.35pm	TOTAL ROUND	
	MALVERN DISTRICT COUNCIL OFFICE FOR				TRIP	MILEAGE
	A JWAB MEETING AND					37 miles
	RETURN (HOME TO MALVERN					
	& MALVERN TO HOME)					
					37	£

The front of this claim form will be available for members of the public to view

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

8