MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of JULY **20**15

Name J. SANDALLS

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
1.7	LICENCE COMM. MTG.	PERSHORE	HOME 1.30PM	HOME 3.30PM.	12	
6.7	EXECUTIVE MTG.	" "	HOME 5.30PM	HOME 8.30PM	12	
14.7	LOG TRAINING	" "	HOME 5.30P.	HOME 8.PM.	12	
23.7	SITE VISITS. TRG + PLANNING MTG.	" "	HOME 8.30AM	HOME 6.PM.	12	
29.7	LICENSING SUB COMM MTG. SPECIAL COUNCIL/ FULL COUNCIL	" "	HOME 1.PM.	HOME 8 PM.	12	
					60.	£

WYCHAVON DISTRICT COUNCIL
13 AUG 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