MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of ~~MAY~~ JUNE 2015

Name ~~MARCH~~ JO SANDALLS

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
9.6.	STRONGER COMMUNITIES.	PERSHORE	HOME 5.30P	HOME 9.PM	12	
16	MTG PRESENTATION. EVESHAM MATTERS	" " "	HOME 2.PM.	HOME 4.15P	12	
" "	EXECUTIVE BOARD	" "	HOME 5.30P	HOME.	12	
17.6.	LICENSING TRG.	" "	HOME. 1.30P	HOME 4.30P.	12	
25.6.	SITE VISIT. PLANNING TRAINING + PLANNING MTG.	" "	HOME 10.30am	HOME 5.30P.	12	
					60	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF