MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
11 JAN 2016
RECEIVED POST ROOM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of DECEMBER **20**15

Name JO SANDALLS

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
10.12.15	SITE VISITS. PLANNING TRG & PLANNING MEETING	REDDITCH	HOME 10 AM.	HOME 5.30PM.	12	
11.12.15	PART OF JAP Meeting	" "	HOME 1.30PM	HOME 3.PM	12.	
					14	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF