MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
16 DEC 2016
RECEIVED POSTROOM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of ..... 20....

Name Councillor J.H. Bolton.

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
30/9	District Council	Civic Center.	Home. 4.30.	9.30.	32.	
18/11	District Council	civic Center.	Home. 13.00	5.30.	32	
24/3/16	District Council.	civic center.	Home 5.00	9.30.	32.	
23/3.	Dist..t Council.	civic Center.	Home 1.00	9.30.	32.	
18/5	District Council.	civic Center.	Home. 5.00	9.30.	32.	
22/10.	District Council	Civic Center.	Home. 1.00	5.30.	32	
16/11	District Council.	civic Center.	Home. 12.30	5.30.	32	
					224	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF