MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of ..... Aug **2015**

Name ..... Cllr. Ken Barclay .....

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
5th	Worcs. C.C. SWDP Meeting	Worcs. CC.	Evesham 6 pm	Evesham pm 9.30	34	~~£5.30~~
20th	Training / Planning / Mt. T. Perkins	Wychavon	Evesham am ~~9~~ 9.30	— " — 6pm	21	~~9.45~~
25	Meeting Tracy Perkins, Ward walk preparation	— " —	Evesham am 12.30	— " — pm 3.00	21	~~9.45~~
					76	£ ~~37.20~~

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF