MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of ..... FEB **20**16

Name ...CLLR. KEN BARCLAY.....

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure** Evesham	**Place & Time of Return** Wychavon	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
1/2	Collection of / meeting of SWDP Planning Delivery of Licencing Rpt for Sub	Pershore Wychavon	9.30 am ~~11.30~~	am 11.30	15	6.75
3/2	Executive board-Open	—"—	5.00 pm	pm 7.00	15	6.75
4/2	Planning + Site visits	—"—	10.am	pm 7.00	15	6.75
15/2	County Planning + Cllr. Sandells	County Hall	5pm — ~~8~~	pm 9.00	38	17.10
8/2	Meeting with Ian Marshall	Pershore	2pm	pm 4.30	15	6.75
10/2	—"— —"— —"—	Pershore	2pm	pm 5.00	15	6.75
17/2	Full Council meeting	—"— —"—	4pm	pm 9.30	15	6.75
24/2	Sub Licensing	—"— —"—	1 pm	pm 4.15	.15	6.75
				V	143	£ ~~64.35~~

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

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