MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of JAN - APR **20**16.

Name Karen Tomalin

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
5/2.	Audit.	Civic Ctr.	Home	Home	32	
24/2	Full Council	"	"	"	32	
27/4.	"	"	"	"	32.	
					96.	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF