MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of SEP / OCT **20**16

Name LINDA ROBINSON

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
28th SEP	FULL COUNCIL	CIVIC CENTRE	Home 5pm	Home 9pm	11	
5th Oct	Exec Board Briefing	CIVIC CENTRE	Home 9am	Home 4pm	11	
10th Oct	LEADER/DEPUTY + SACH	CIVIC CENTRE	Home 9am	Home 11am	11	
11th Oct	F. FLAVELL GOV. BOARD & W. SNOWS P. COUNCIL.	FLYFORD SCHOOL	Home 5pm	Home 9pm.	16	
13th OCT	MEETING WITH LEADER - WYRE FOREST	COUNTY HALL	Home 1pm	Home 3pm.	8	
21st Oct	SAFE PLACE EVENT + Dave Hemming	B'wick Com CENTRE	Home 11am	Home 1-30 pm	23	TICKET ATTACHED £3-00 parking
21st Oct	Evesham Area meeting + Sach	E. Sham Town Hall	Home 2-30 pm	Home 6 pm.	21	
24th Oct	LEP Conference Preview	LEP Office Wildmoor	Home 1pm	Home 3pm	7	
					108	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF