MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of DECEMBER **20**15

Name MARTIN KING

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
9/12	Overview & Scrutiny	Pershore	Cirencester 16.45	Evesham 21-10	18	
10/12	Planning	Pershore	Evesham 13.35	Evesham 16-30	18	
					36	£

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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