MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
10 SEP 2015
RECEIVED
POST ROOM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of ..JULY..... **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**
13/7/15	Executive Board	Pershore	Evesham 17-40	Evesham 20-10	18	
22/7/15	Overview & Scrutiny	Pershore	Evesham 17-20	Evesham 20-30	18	
29/7/15	Council	Pershore	Evesham 17-20	Evesham 20 15	18	
					54	£ 24-30

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

eASP