# MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
*good services, good value*

**For the Month of** SEPTEMBER 2015

**Name** ...MARTIN KING.....

| DUTIES | | | ALLOWANCE CLAIMED | | | |
|---|---|---|---|---|---|---|
| **Date** | **Description** | **Place** | **Place & Time of Departure** | **Place & Time of Return** | **Return Car Mileage** | **Fares & Other Payments/ Subsistence** |
| 7/9 | SWDP Briefing | Pershore | Evesham 17-45 | Evesham 20-20 | 18 | |
| 9/9 | Executive Board | Pershore | Evesham 17-00 | Evesham 19-40 | 18 | |
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| | | | | | 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**

WYCHAVON DISTRICT COUNCIL
06 NOV 2015
RECEIVED
POST ROOM

8