For the Month of ..... JANUARY .. 20.17

Name ..... MRS. A. STEER .....

WYCHAVON DISTRICT COUNCIL
good services, good value

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
11	Exec. board + meeting of location Panel chairmen	C. centre	Home 4pm	cc 7pm	22-2	—
12	Planning + training	C. "	Hom 12-30pm	cc 5pm	22-2	—
	P.C. meeting					
	Rous Lench & Hanbury 12				20.00	—
					64	

WYCHAVON DISTRICT COUNCIL
13 FEB 2017
RECEIVED POSTROOM

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF