MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of DEC – JAN **2015 – 2016**

Name CLLR PETER TOMLINSON

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
✓ DEC 15.	O&S. Scrutiny Enforcement	PERSHORE	Lineholt 9-45 am	Pershore 12 noon	35	
✓ Dec 22	O&S Scrutiny Enforcement	PERSHORE	Lineholt 9-45 pm	Pershore 5:30 pm	35	
✓ JAN 5.	O&S Scrutiny Enforcement visit to District Level	PERSHORE	Lineholt 9.00 am	Pershore 12-30 pm	35	
✓ JAN 28.	O&S Scrutiny Enforcement	PERSHORE	Lineholt 9.45 am	Pershore 12.30 pm	35	
					140	£ 8

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF