MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of DECEMBER **20**16

Name CLLR PETER TOMLINSON

DUTIES			ALLOWANCE CLAIMED			
Date DEC	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
1st	Meeting with REVITALISE re Ombersley Court	PERSHORE	Lineholt 10.30 am	Pershore 12.10 pm	35	
12	Meeting with Leader re OeS. Enforcement Report	PERSHORE	Lineholt 8.45 am	PERSHORE 11.00 am	35	
14	Council	PERSHORE	Lineholt 3 pm	PERSHORE 8 pm	35	
					105	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF