MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of ...OCTOBER..... **20**16

Name CLR. PETER TOMLINSON

DUTIES			ALLOWANCE CLAIMED			
Date Oct.	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
5th	DoS. Enforcement meeting	PERSHORE	Lineholt 9.15	Lineholt 12.00	35	
27.	Strategy Workshop.	PERSHORE	Lineholt 1.15 pm	Lineholt 5.00 pm	35	
31.	Member Conduct Committee	PERSHORE	Lineholt 3.45	Lineholt 7.00pm	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