MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of 1st Dec to 31st 12 **20**16

Name RON DAVIS

DUTIES			ALLOWANCE CLAIMED			
Date 2016	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
6/10	JWAB	WYCHAVON CIVIC C	DEFFORD 0850	DEFFORD 1030	6	—
12/10	DEDDSP ——	——	1300	1610	6	—
8/11	Eckington · P.C.	ECKINGTON V·HALL	1915	2015	6	—
10/11	Strensham · P.C.	Strensham V·HALL	1930	2015	6	—
28/11	W.T.C. — MEETING	TEME KIDDERMINSTER	1130	2015	54	—
13/12	ECKINGTON. P.C.	ECKINGTON V·HALL	1915	2015	6	—
14/11	FULL COUNCIL	CIVIC CENTRE	1715	2015	6	—
					90	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF