MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of December 2016
January 2017

Name RAY MURPHY

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
05/12	Localism Panel 10.0 a.m.	Committee Room	12.0 p.m		31	—
5/12	Planning 2.0 pm.	Council Chamber	6.0 p.m.		31	
12/01	Planning 2.0 pm.	Council Chamber	6.0 pm.		31	
					93	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

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