MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of OCTOBER 2016

Name T. J. NOYES

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
12/10	DELEGATED DECISIONS	PERSHORE	HOME 1.15	HOME 4.30	26	
19/10	EXECUTIVE BOARD	"	HOME 5.30	HOME 8.15	26	
20/10	PLANNING COMMITTEE	"	HOME 9.15 am	HOME 6.30 pm	26	
27/10	STRATEGY MTG	"	HOME 1.00 pm	HOME 5.00	26	
					104	
						£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF