MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of SEPTEMBER 20 16

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
14/9	LICENSING	PERSHORE	HOME 1.00	HOME 4.15	26	
15/9	AUDIT	"	HOME 1.15	HOME 4.30	26	
21/9	O+S	"	HOME 5.30	HOME 8.30	26	
22/9	PLANNING	PERSHORE	HOME 10.00	HOME 6.30	26	
28/9	LICENSING SUB COMMITTEE	"	HOME 1.00	HOME 4.00	26	
					130	
						£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF