

# MEMBERS ALLOWANCE CLAIM FORM

For the Month of July ..... 2015

Name T. J. Noyes .....

WYCHAVON DISTRICT COUNCIL  
- 4 SEP 2015  
RECEIVED  
POST ROOM



DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
1/7	LICENSING	WDC RESIDENCE	HOME 1.15	HOME 4.00	26	
14/7	FOOTIS HSG. CCPMTG	PROGRESS HOUSE WOLVESLEY	HOME 1.15	HOME 5.15	18	
14/7	FINANCE // STOR TRAINING	WDC RESIDENCE	HOME 5.35	HOME 7.45	26	
20/7	FOOTIS CCP INFORMATION	PROGRESS HOUSE WOLVESLEY	HOME 5.00	HOME 7.45	18	
23/7	PLANNING	WDC RESIDENCE	HOME 9.15	HOME 6.45	26	
29/7	COUNCIL	— — —	HOME 5.50	HOME 8.15	26	
					140	

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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