MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of APRIL **20**16

Name A.P. MILLER

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
20/4	OVERVIEW+SCRUTINY (SUB)	WDC	HOME 5.00PM	HOME 8.30PM	30	
27/4	FULL COUNCIL	WDC	HOME 4.00PM	HOME 8.30PM	30	
28/4	PLANNING COMMITTEE	WDC	HOME 12 NOON	HOME 6.30PM	30	

WYCHAVON DISTRICT COUNCIL
27 JUN 2016
RECEIVED
POST ROOM

✓ 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

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