MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of MAY **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**
13/5	END OF TERM	WDC	HOME 6.30PM	HOME 8.30PM	30	
25/5	ELMBRIDGE PARISH COUNCIL	ELMBRIDGE	HOME 7.00PM	HOME 9.30PM	16	
					46	£

WYCHAVON DISTRICT COUNCIL
27 JUN 2016
RECD
POST ROOM

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF