MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of JULY **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~~ 7	EXECUTIVE BOARD	WDC	HOME 1700	HOME 1930	30	
~~18~~ 7	MEETING WITH MP	WDC	HOME 1700	HOME 1900	30	
~~28~~ 7	PLANNING COMMITTE	WDC	HOME 0900	HOME 1700	30	
					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

8