# MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
*good services, good value*

**For the Month of** June **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** |
| 14/6 | ELMLEY LOVETT PARISH COUNCIL | ELMLEY LOVETT | HOME 1900 | HOME 2200 | 14 | |
| 30/6 | PLANNING COMMITTEE | WDC | HOME 1200 | HOME 1730 | 30 | |
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| | | | | | 44 | £ |

**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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