# MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
*good services, good value*

**For the Month of** September 2016

**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** |
| 14/9 | HAMPTON LOVETT PARISH COUNCIL | HAMPTON LOVETT | HOME 1900 | HOME 2100 | 16 | |
| 22/9 | PLANNING COMMITTEE | WDC | HOME 1200 | HOME 1815 | 30 | |
| 28/9 | SUB-LICENSING COMMITTEE | WDC | HOME 1200 | ~~HOME~~ | 30 | |
| " | FULL COUNCIL | " | | HOME 1930 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | 76 | £ |

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

**NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF**