MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of FEBRUARY **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**
4/2	PLANNING COMMITTEE	WDC	HOME 12.30 Pm	HOME 7.00Pm	30	
9/2	CHAIRMANS JUBILEE AWARD	WDC	HOME 4.30Pm	HOME 7.30Pm	30	CAR SHARE
16/2	SEMINAR FOR LICENSEES	WDC	HOME 4.00Pm	HOME 7.00Pm	30	
24/2	SUB-LICENSING COMMITTEE AND FULL COUNCIL MEETING	WDC	HOME 1.00Pm	HOME 8.00Pm	30	CAR SHARE
25/2	JOINT CONSULTATIVE COMMITTEE	WDC	HOME 9.00Am	HOME 1.00Pm	30	
					150	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF