MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of ..MARCH..... **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**
2/3	PARISH COUNCIL MEETING	HAMPTON LOVETT	HOME 7.00PM	HOME 9.00PM	14	
3/3	SITE VISITS AND PLANNING COMMITTEE	WDC	HOME 12NOON	HOME 7.00PM	47	
17/3	PARISH COUNCIL MEETING	ELMBRIDGE	HOME 7.00PM	HOME 9.30PM	18	SS
21/3	PARISH COUNCIL MEETING	SALWARPE	HOME 7.00PM	HOME 8.45PM	7	
23/3	LICENSING COMMITTEE	WDC	HOME 1.00PM	HOME 5.00PM	30	
30/3	SUB-LICENCING MEETING ARRIVED BUT MEETING CANCELLED	WDC	HOME 1.00PM	HOME 3.30PM	30	
					146	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF