MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of August 2016

Name: Bradley Thomas

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
03/08/2016	Full Council	Civic Centre	Work 1600	Home 2000	54	
16/08/2016	Briefing on Enforcements Scrutiny with Scrutiny team	Civic Centre	Work 1600	Home 1900	54	
18/08/2016	Meeting with Gary Williams	Civic Centre	Work 1500	Home 1800	54	
18/08/2016	Broadway PC	Broadway PC Offices	Home 1830	Home 2030	18	
24/08/2016	Exec board briefing	Civic Centre	Home 0900	Work 1200	54	
25/08/2016	Planning committee	Civic Centre	Home 0930	Home 1700	45	
25/08/2016	Childswickham PC	Childswickham village hall	Home 1845	Home 1730	21	
					300.0	

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

Reimbursement **£135.00**