MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of MAY/~~JUNE~~ **20**16

Name CLLR. MRS. F. S. SMITH VICE CHAIRMAN.

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
15/5/16	Lunch + Presentation of Awards Hereford/Worcs. Army Cadet Charity	Chateau Impney Droitwich	Evesham 11.15	Evesham 5pm	42	
					42 @ 45p	£18-90

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF