...BERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of SEPTEMBER **20**16 (CONT'D)

Name GO' DONNELL

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return** c/fwd	**Return Car Mileage** (197)	**Fares & Other Payments/ Subsistence**
28/9	FULL COUNCIL + BRIEFING	WDC	HOME 1600	HOME 2030	16	
29/9	WYCHAVON LEISURE AGM + BOARD	WDC	HOME 1730	HOME 2000	16	
30/9	HEALTH IMPROVEMENT GROUP	COUNTY HALL	HOME 1245	HOME 1630	32	
				TOTAL	261	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

8