MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of JUNE **20**16

Name G. O' DONNELL

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
1/6	CORPORATE PARENTING BOARD	COUNTY HALL	HOME 0845	HOME 1230	32	
"	EMERGENCY EXEC BOARD	WDC	HOME 1730	HOME 1900	16	
3/6	SW S S J C	GUILDHALL WORCESTER	HOME 0900	HOME 1230	32	
14/6	H W B MEETING	COUNTY HALL	HOME 1315	HOME 1630	32	
15/6	O + S	WDC	HOME 1700	HOME 2015	16	
16/6	Meeting with MND Assoc.	WDC	HOME 1200	HOME 1400	16	
30/6	H I G Meeting	COUNTY ~~HALL~~ HALL	HOME 1300	HOME 1700	32	
					176	£ —

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

88