MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of MAY/~~AUTUMN~~ **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**
10/5	Meeting re. Pershore Town Plan HWB Meeting	WDC COUNTY HALL	HOME 11.30	HOME 1645	32	
12/5	Meeting with Heritage Officer J. Burgum	EVESHAM				
13/5	Meeting re Partners Together event	WDC	HOME 11.30	HOME 1830	16	
16/5	Environmental Crime Briefing	WDC	HOME 12.30	HOME 1700	16	
18/5	EXEC BOARD BRIEFING + ANNUAL COUNCIL	WDC	HOME 1300	HOME 2030	16	
19/5	Meeting re development proposal	WDC	HOME 1400	HOME 1630	16	
24/5	Briefing meeting with Jem Teal.	WDC	HOME 1130	HOME 1400	16	
					112	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

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