

MEMBERS ALLOWANCE CLAIM FORM



good services, good value

For the Month of August 2016.

Name So. Andrews

Date	DUTIES		ALLOWANCE CLAIMED			
	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subistence
16.08	CC LOCAL TRANSPORT WORKSHOP	PERSHORE	WYKE	WYKE	12.	
17.08	TRAINING	"	WYKE	WYKE	12.	
18.08	EXECUTIVE BOARD	"	WYKE	WYKE	12.	
19.08	TRAINING	"	WYKE	WYKE	12.	
20.08	TRAINING COMMITTEE MEET.	"	WYKE	WYKE	12.	
			WYCHAVON-DISTRICT COUNCIL			
			- 5 SEP 2016			
			RECEIVED POSTROOM			
						£ 360.

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The front of this claim form will be available for members of the public to view
 NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF