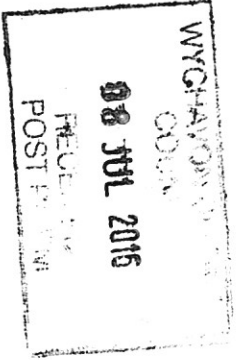


# MEMBERS ALLOWANCE CLAIM FORM

For the Month of September ..... 2016  
 Name Jo Saunders .....



**WYCHAVON DISTRICT COUNCIL**  
 good services, good value

Date	Description	Place	ALLOWANCE CLAIMED			
			Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
16	EXECUTIVE Meeting	PERSWADE	BANKS 5.30 AM	BANKS 7.30 AM	12	
22	Licensee Meeting	" "	BANKS 1.30 PM	BANKS 3.30 PM	12	
29	WEDDING SUB COM MITG	" "	BANKS 1.30 PM	BANKS 4.30 PM	12	
30	PARISHA TRAVEL	" "	BANKS 1.30 AM	BANKS 12.30 PM	12	

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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