MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of ..APRIL..... **20**..16

Name ..Cllr Linda Robinson.....

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
23rd Apl	Asparagus Festival + speech/ BELL TOWER OPENING	EVESHAM ABBEY	Home 10 am	Home 2pm	20	CAR PARK £2-00
28th Apl	SWDP POLICY TRAINING & PLANNING	CIVIC CENTRE	Home 11 am	Home 4pm	11	
29th Apl	Wonderful Worcs Women Awards LEP.	WORCS CRICKET CLUB - NEW ROAD	Home MIDDAY	Home 6pm.	15	
					46	2-00 £

Total 163

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF