MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of JANUARY **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**
21st JAN	WORCESTERSHIRE LEADERS BOARD	REDDITCH TOWN HALL	Home 1pm	Home 5pm	40 *	
25th JAN	LGA - COR - ASSEMBLY SMITH SQUARE	EXPENSES FOR CLAIMED	TRAVEL TO LGA - COR		- DIRECT	
25th JAN	OVERNIGHT ACCOMODATION & SUBSISTENCE (AGREED BY JACK)					£49-50 - HOTEL £8-90 - SUBSISTENCE *
26th JAN	DCN NETWORK ASSEMBLY SMITH SQUARE					TUBE £4-80 *
29th JAN	MEETING WITH DAN DALTON MP + BOARD	CIVIC CENTRE			11	
					51	£ 63.20

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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