# MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

**For the Month of** July **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** |
| 22nd July | MEET WITH GARY WILLIAMS - PLANNING | CIVIC CENTRE | Home 9am | Home 11am | 11 | |
| 25th July | E.S.I.F. meeting | WORCS C&CLUB NEW ROAD | Home 1pm | Home 5pm | 15 | |
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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**