MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of APRIL **20**16

Name MARTIN KING

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
20/4/16	Overview & Scrutiny	Pershore	Evesham 17-30	Evesham 20-45	18	
27/4/16	Council	Pershore	Evesham 17-15	Evesham 20-45	18	
					36	16-20
						£

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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