MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of ....MAY..... 2015

Name ....MARTIN KING.....

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
18/5/16	Annual Council	Pershore	Evesham 17.30	Evesham 20.30	18	
					18	£ 8-10

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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