MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of OCTOBER **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**
6/10/16	Worcestershire Regulatory Board	Bromsgrove	3.25 Evesham	6.35 Evesham	48	Car Parking 80 P
19/10/16	Executive Board	Pershore	5.15 Evesham	7-00 Evesham	18	
					66	£ 80p.

WYCHAVON DISTRICT COUNCIL
- 7 NOV 2016
RECEIVED POSTROOM

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

✓ 66 £ 80p. 85

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