MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of JULY/AUGUST **2016**

Name CLLR PETER TOMLINSON

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
July 7th	DeS Enforcement	Pershore	Lineholt 9.15 am	Pershore 12.30 pm	35	
July 13th	Exec Board	Pershore	Lineholt 5.15 pm	Pershore 7.30 pm	35	
July 18th	DeS Enforcement	Pershore	Lineholt 1.15 pm	Pershore 5.30 pm	35	
August 16	DeS Enforcement	Pershore	Lineholt 4.15 pm	Pershore 6.15 pm	35	
August 30	DeS Enforcement	Pershore	Lineholt 1.45 pm	Pershore 4.00 pm	35	
					175	£

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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