MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of AUG & SEPT **20....**

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**
AUG 16	DeS. Enforcement.	Pershore	Lineholt 4.15pm	Pershore. 6.30 pm	35	
AUG 30	DeS Enforcement	Pershore	Lineholt 2.00pm	Pershore. 5pm	35	
SEPT 6	MEMBER CONDUCT CTTEE	Pershore	Lineholt 3pm	Pershore. 4.00pm	35	
SEPT 21st	DeS. Planning Enforcement Item	Pershore	Lineholt 5.15pm	Pershore. 8.pm	35	
SEPT 22nd	Planning Cttee	Pershore	County Hall 2pm	Pershore. 4-30pm	30	
SEPT 29th	DeS Planning Enforcement Scrutiny Cttee	Pershore	Lineholt 1.15pm	Pershore. 4.30pm	35	
					205	£

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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