

# MEMBERS ALLOWANCE CLAIM FORM



good services, good value

For the Month of Sept/Oct ..... 2016

Name ..... ROY MURPHY .....

DUTIES		ALLOWANCE CLAIMED				
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
5/9	Localism + Community Funding	Committee Room	10.0am - 12.0		31 miles	—
22/9	Planning	Council Chamber	10.0am - 6.0pm		31 miles	—
<del>17/10</del>						
17/10	Localism + Community Funding	Committee Room	10.0am - 12.0		31 miles	—
19/10	Executive Board	Council Chamber	6.15 - 8.0		31 miles	—
20/10	Planning	Council Chamber	10.0am - 6.0pm		31 miles	—
27/10	Management + Members Strategy	Committee Room	2.0 - 4.0		31 miles	—
31/10	Member Conduct	Committee Room	5.0 - 6.0pm		31 miles	—
Total					217	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

WYCHAVON DISTRICT COUNCIL  
 Name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Date: \_\_\_\_\_

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