MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of DECEMBER 2015

Name T. J. NOYES

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
2/12	AUDIT COMMITTEE	WDC OFFICES	HOME 10.00 am	HOME 4.15 pm	26	
10/12	PLANNING COMMITTEE	— " —	HOME 10.00 am	HOME 6.45 pm	26	
14/12	FULL COUNCIL	— " —	HOME 5.15 pm	HOME 8.30 pm	26	
					78	
						£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF