MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of FEBRUARY **2016**

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**
3/2	Executive Council	WDC Pershore	Home 5.30	Home 8.15	26	
4/2	Planning Committee	"	Home 10.00	Home 6.00	26	
24/2	Full Council	"	Home 6.15	Home 9.15	26	
					78	
						£

WYCHAVON DISTRICT COUNCIL
1 APR 2016
RECEIVED
POST ROOM

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF