MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of JANUARY 20 16

Name T. J. NOYES

515

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
6/1	EXECUTIVE COUNCIL	WDC PERSHORE	Home 5.00	Home 7.30	26	
					26	
						£

8

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