MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of NOVEMBER 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
12/11	PLANNING COMMITTEE	WDC	HOME 9.00am	HOME 7.00pm	26	
18/11	LICENSING COMMITTEE	— " —	HOME 1.00	HOME 4.15	26	
					52	
						£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF