MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of ....Feb.....**20**16

Name .....Val....Wood.....

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
7	MHDC Chairs Civic Service					
	Martley	Martley	Pershore	Pershore	40	
13	Evesham Mayors					£30
	Charity Night	Hampton Ferry	Pershore	Pershore	12	Taxi
26	Droitwich Lido	Droitwich	Pershore	Pershore	28	
	unveiling memorial stone					
					80	£ 30

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

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