MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of FEBRUARY **20**17

Name PETER TOMLINSON

DUTIES			ALLOWANCE CLAIMED			
Date FEB	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
6	Member Conduct Ctee	PERSHORE	Kinchelt 4pm	Pershore 6.30	35	
9	PLANNING Ctee	PERSHORE	County 3.30pm	Pershore 5pm	26	
22	COUNCIL	PERSHORE	County 2pm	Pershore 8pm	26	
					87	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF