MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of MAY & JUNE 2017

Name CLLR. PETER TOMKINSON

DUTIES			ALLOWANCE CLAIMED			
Date	**Description**	**Place**	**Place & Time of Departure**	**Place & Time of Return**	**Return Car Mileage**	**Fares & Other Payments/ Subsistence**
MAY						
11th	PLANNING CTTEE SPEAKER	Pershore	Lineholt. 2pm	Pershore 5.pm	36	
17	COUNCIL AGM.	Pershore	Lineholt. 3pm	Pershore 8pm	36	
JUNE						
7th	PLANNING CTTEE SPEAKER	Pershore	Lineholt 2:30.	Pershore 4:30.	36	
12th	MEMBER CONDUCT CTTEE	Pershore	Lineholt 3:30	Pershore 6:30	36	
					144	£

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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