MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of July 20 17

Name Jo SANDALLS

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
26.7	Annual Planning Exec Mtg.	Pershore	Home 3.45p.			
"	Full Council Mtg	" " "		Home 9.PM.	12.	
24.7	Site visits, Training & Planning Meeting	" " "	Home 8.30AM	Home 5.PM.	12.	
					24	£

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

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF