

# Co-opted Member Travelling & Subsistence Allowances Claim Form

1) Submit claims within 3 months of duty with fuel VAT receipt

2) Return form to [democracy@swansea.gov.uk](mailto:democracy@swansea.gov.uk)

|                              |            |  |            |                      |              |
|------------------------------|------------|--|------------|----------------------|--------------|
| <b>Co-opted Member Name:</b> | Mike Lewis | <b>Vehicle Reg.</b>                        | [REDACTED] | <b>Month Ending:</b> | October 2023 |
| <b>Address:</b>              | [REDACTED] | <b>Engine Size</b>                         | [REDACTED] | <b>Post Code:</b>    | [REDACTED]   |
|                              |            | <b>Fuel Type</b><br>(e.g. Petrol / Diesel) | [REDACTED] |                      |              |

| Date of Meeting<br>(1) | Start & End of Duty<br>Place e.g. Home<br>(2) | Time of Meeting<br>Start End<br>(3) (4) |             | Location (Place) of Duty<br>e.g. Civic Centre<br>(5) | Description of Approved Duties<br><br>Name of meeting please indicate with (C) if you Chaired the meeting<br>(6) | Travel Allowances                               |     |   |    | Co-opted Member Allowance Rate |    | Totals<br>(Column 9+10)<br><br>(11)<br>£ p |    |
|------------------------|---|---|-------------|--|--|---|-----|---|----|--------------------------------|----|--|----|
|                        |   | Travel by own vehicle                   |             |  |  | Allowance Claimed<br>(Column 7x8)<br>(9)<br>£ p |     | Set by IRPW<br>(See Rates Below)<br>(10)<br>£ p |    |                                |    |  |    |
|                        |   | Miles<br>(7)                            | Rate<br>(8) |  |  |   |     |   |    |                                |    |  |    |
|                        |   |   |             |  |  |   |     |   |    |                                |    |  |    |
| 101023                 | Home  | 9:00                                    | 17:00       | Home   | Reading and preparation for Standards Committee meeting 131023 (C)   |   |     |   |    | 268                            | 00 | 268  | 00 |
| 131023                 | Home  | 8:15                                    | 14:15       | Guildhall  | Standards Committee meeting (C)  | 7   | 45p | 3   | 15 | 268                            | 00 | 271  | 15 |
| 191023                 | Home  | 11:30                                   | 14:15       | Home   | Reviewing, amending and approving decision letter and minutes of Standards Committee held 13/10 (C)              |   |     |   |    | 134                            | 00 | 134  | 00 |

| <b>Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):</b> |   |                        |        |
|---|---|------------------------|--------|
| <b>Chair of Governance &amp; Audit / Chair of Standards Cttee:</b><br>> 4 hrs = £268, < 4 hrs = £134    | <b>Ordinary Statutory Co-opted Member (inc. C/T Cllr on Standards Cttee):</b><br>> 4 hrs = £210, < 4 hrs = £105 | <b>Amount Claimed:</b> | 673.15 |

|  |  |
|--|--|
| <p>A) I declare that I have necessarily incurred expenditure on travelling and subsistence for the purpose of enabling me to perform approved duties as a Co-opted Member of this Authority and that I have actually and necessarily incurred the actual mileage in column 7 above. The amounts claimed are in accordance with the rates determined by the Independent Remuneration Panel for Wales.</p> <p>B) I declare that the statements above are correct. Except as shown above I have not made, and will not make, any claim under any enactment for travelling or subsistence expenses in connection with the duties indicated above.</p> <p>C) If using a private vehicle whilst on Council business, Co-Opted Members should ensure that they have a valid driving licence, MOT and comprehensive vehicle insurance specifically including business and commuting use.</p> <p>D) An e-mail from the Co-opted Member will be accepted as a signature providing the name of the Co-opted Member is included.</p> | <p><b>For Office Use</b></p> <p>Checked by:<br/>__GB____</p> <p>Payroll No:<br/>____[REDACTED]____</p> |
|--|--|

|   |                   |
|---|-------------------|
| Date .....19/10/23.....Signature of Co-opted Member Mike Lewis.(Typed signature accepted and approved by DS)..... | Month Paid: _____ |
|---|-------------------|

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