

Co-opted Member Travelling & Subsistence Allowance Form

- 1) Submit claims within 3 months of duty with fuel VAs
- 2) Return form to democracy@swansea.gov.uk

Co-opted Member Name: Mike Lewis		Vehicle Reg.		Month Ending: January 2024									
Address: [REDACTED]		Engine Size		Post Code: [REDACTED]									
		Fuel Type (e.g. Petrol / Diesel)											
Date of Meeting (1)	Start & End of Duty	Time of Meeting		Location (Place) of Duty	Description of Approved Duties Name of meeting please indicate with (C) if you Chaired the meeting (6)	Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)		Totals (Column 9+10)	
	Place e.g. Home	Start	End	e.g. Civic Centre		Miles	Rate	£ p		£ p		£ p	
	(2)	(3)	(4)	(5)		(7)	(8)	(9)		(10)		(11)	
190124	Home	9:15	11:15	Home	Standards Committee meeting (C)	7	45p	3	15	134	00	137	15
290124	Home	14:00	16:00	Home	Attending the National Standards Committee Forum					134	00	134	00
Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):													
Chair of Governance & Audit / Chair of Standards Cttee: > 4 hrs = £268, < 4 hrs = £134					Ordinary Statutory Co-opted Member (inc. C/T Cllr on Standards Cttee: > 4 hrs = £210, < 4 hrs = £105					Amount Claimed:		271 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>										For Office Use			
										Checked by: A Lowe		Payroll No: [REDACTED]	
Date31/1/24..... Signature of Co-opted Member [REDACTED] (typed signature accepted and approved by DS)										Month Paid: _____			