Co-opted Member Travelling & Subsistence Allowances Claim Form 1) Submit claims within 3 months of duty with fuel VAT receipt

2) Return form to <u>democracy@swansea.gov.uk</u>

Co-opted Member		Beth Allender				Vehicle Reg.					Month	Ending:	: 30/06/23		
Name: Address:						Engine Size Fuel Type (e.g. Petrol / Diesel)				Post		ode:			
	Start & End of Duty	Time of Meeting		Location (Place) of Duty	Description of Approved Duties		Travel Allowances				Co-opted Member Allowance Rate				
Date of Meeting	Place e.g. Home	Start	End	e.g. Civic Centre	Name of meeting please indicate with (C) if you		Travel by own vehicle		Allowance Claimed			by IRPW	Totals		
(1) (2)		(3) (4)		(5)	(6)		Miles (7)	Rate (8)	(Column 7x8) (9)		(See Rates Below) (10)		(Column 9+10) (11)		
(-)	(-)	(-)	(-)	(-)	(-)		(-)	(-)	£	р	£	р	£	, р	
12/06/23	Home	4pm	5pm	Home online	pre-reading June Scrutin and Education Scrutiny r (15 th)										
13/06/23	Home	4pm	5.30pm	Guildhall	Scrutiny Work Planning Conference						105	00	105	00	
15/06/23	Home	4pm	5.30pm	Home online	Education Scrutiny Com	mittee					105	00	105	00	
									Amount Claimed:	210	00				
 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. 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 												d Chec	For Office Use Checked by: SEW		
travelling or subsistence expenses in connection with the duties indicated above. C) If using a private vehicle whilst on Council business, Co-Opted Members should ensure that they have a valid driving licence, MOT and										Payroll No:					
comprehensive vehicle insurance specifically including business and commuting use. 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.															
Date												Montl	Month Paid:		

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