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

Co-opted Member Name:		Beth Allender				Vehicle Reg.				Month	Ending:	ng: 30/09/23			
Address:						Fuel Type (e.g. Petrol / Diesel)					Post Code:				
	Start & Time of Meetin End of Duty		of Meeting	Location (Place) of Duty	Description of Approved Duties		Travel Allowances				Co-opted Membe Allowance Rate				
Date of Meeting	Place e.g. Home	Start	End	e.g. Civic Centre	Name of meeting please indicate with (C) if you Chaired the meeting		Travel veh Miles	by own icle Rate	Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)		Totals (Column 9+10)		
(1)	(2)	(3)	(4)	(5)	(6)		(7)	(8)	£	(9) p	(10) £ p		(11) £ p		
14/09/23	Home	4pm	4.30pm	Home online	Pre-reading Sept Educat Scrutiny (14 th)										
14/09/23	Home	4pm	5рт	Home online	Education Scrutiny Committee						105	00	105	00	
18/09/23	Home	3.30 pm	4.30pm	Home online	Pre-reading Sept Scrutiny (19th) and attendance pre-meeting (18th)										
19/09/23	Home	4pm	5.30pm	Home online	Scrutiny Committee						105	00	105	00	
or an or obtained a realization of clarification of clari											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 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 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. 												Checl 27/09	For Office Use Checked by: SEW 27/09/2023 Payroll No:		
Date25/09/23 Signature of Co-opted Member										Month	Month Paid:				