CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	PAULA A. O'CONNOR	Vehicle Reg. / Engine Size / Fuel Type (e.g. Petrol/Diesel)	[redacted]	**Month Ending:**	OCTOBER 2023
Address:	[redacted]			**Post Code:**	[redacted]

Date of Meeting (1)	Start & End of Duty: Place e.g. Home (2)	Time of Meeting: Start (3)	Time of Meeting: End (4)	Location (Place) of Duty: e.g. Civic Centre (5)	Description of Approved Duties: Name of meeting, please indicate with (C) if you Chaired the meeting (6)	Travel Allowances: Travel by own vehicle: Miles (7)	Travel by own vehicle: Rate (8)	Allowance Claimed (Column 7x8) (9) £	(9) p	Co-opted Member Allowance Rate: Set by IRPW (See Rates Below) (10) £	(10) p	Totals (Column 9+10) (11) £	(11) p
23/10	Home	10-2pm	1pm 5pm	Home	Mon 23rd October pre read of papers		45p						
					-3hrs in the morn and		45p			268	00		
					further 3 hours in the afternoon		45p						
25/10	Guildhall	11.30	1:45	Guildhall	Pre meeting with Lay Members		45p			268	00		
		1:45	4.45		G&A Committee		45p						
							45p						
							45p						
							45p						
							45p						
							45p			536	00		

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):

Chair of Audit /Standards Cttee:	Other Ordinary Co-opted Member:	Amount Claimed:
> 4 hrs = £268 < 4 hrs = £134	> 4 hrs = £210 < 4 hrs = £105	

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.

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.

For Office Use

Checked by: JEP

Payroll No: [redacted]

[redacted]

25/10/23