

**CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM**

<b>Co-opted Member Name:</b>	PAULA A. O'CONNOR	<b>Vehicle Reg.</b> .....		<b>Month Ending:</b>	JAN 24
		<b>Engine Size</b> .....		<b>Post Code:</b>	
<b>Address:</b>		<b>Fuel Type</b> (e.g. Petrol/Diesel)			

Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting (3)      (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				Co-opted Member Allowance Rate		Totals (Column 9+10)  (11)	
		Travel by own vehicle				Allowance Claimed (Column 7x8)  (9)		Set by IRPW (See Rates Below)  (10)					
		Miles (7)	Rate (8)							£	p		
						£	p	£	p	£	p		
15/1/24	Home	3:00	5:15	Home	Ple reading for GAC and working 12/12/23 Scrutiny		45p						
					re Agenda Item 6. (2 1/4 hrs)		45p						
							45p						
17/1/24	Home	12:15	3:15	Guildhall	Pre meetings with Lay Members and GAC itself. (3 hrs)		45p						
							45p						
							45p						
							45p						
							45p						
							45p						

<b>Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):</b>			<b>Amount Claimed:</b>
<b>Chair of Audit /Standards Cttee:</b> > 4 hrs = £268 < 4 hrs = £134	<b>Other Ordinary Co-opted Member:</b> > 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**

Checked by: \_\_\_\_\_

Payroll No: \_\_\_\_\_

17/1/2024