

Please, Submit claims within 3 months of duty with fuel VAT receipt

29 SEP 2015

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	Mrs Jill Burgess	Vehicle Registration Number:	[REDACTED]	Month Ending 30th Sept 2015
Address:	[REDACTED]			Post Code: [REDACTED]

(1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting		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)	
		Start (3)	End (4)			Travel by own vehicle		Allowance Claimed (Column 7x8) (9)	Set by IRPW (See Rates Below) (10)			
						Miles (7)	Rate (8)		£	p		
	home											
16/6/15	home	09.00	10.30	Guildhall	Standards attendance	10	45p			4	50	4 50
06/16/15	home	09.00	10.30	Guildhall	Standards attendance Democratic Services					99	00	99 00
04/09/15	home	0900	10.30	Guildhall	Standards Attendance	10	45p					4 50
04/09/15	home	0900	10.30	Guildhall	Standards Attendance							99 00
/ /							45p					
/ /							45p					
/ /							45p					
/ /							45p					
/ /							45p					

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

Chair of Audit /Standards Cttee: > 4 hrs = £256, < 4 hrs = £128	Chair of Community/Town Council Standards Sub Cttee: > 4 hrs = £226, < 4 hrs = £113	Other Ordinary Co-opted Member: > 4 hrs = £198, < 4 hrs = £99	Amount Claimed:	207.00
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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.

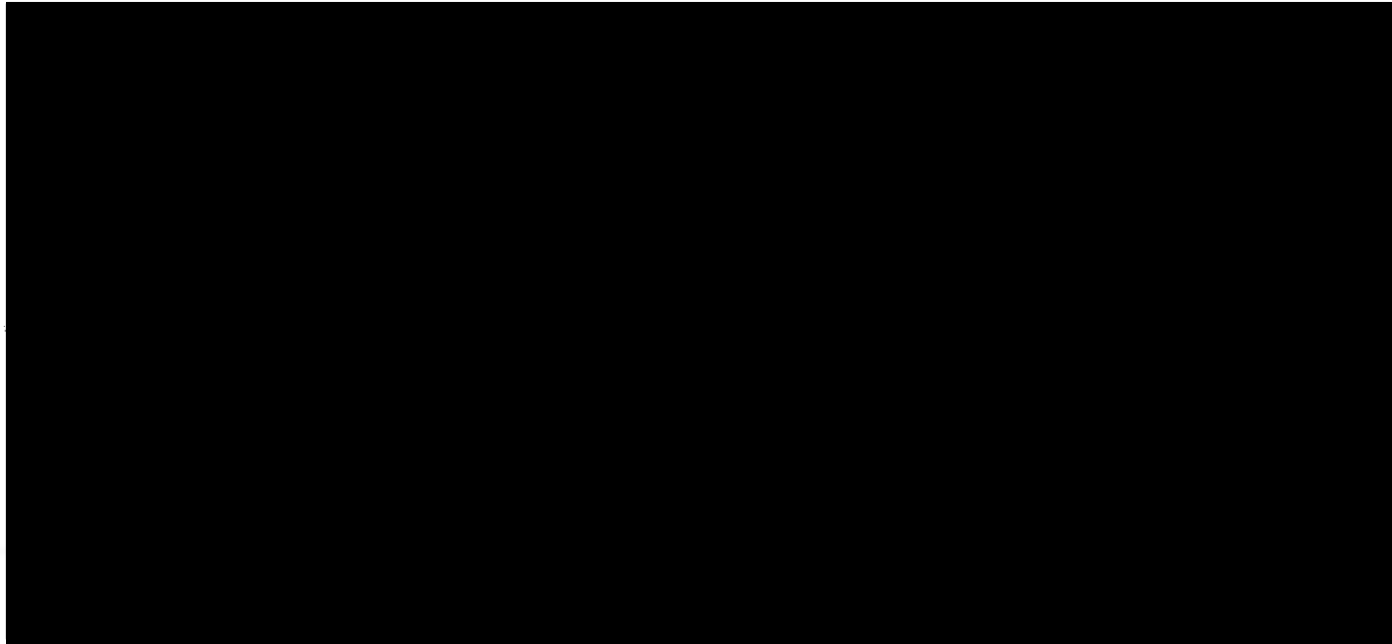
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CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

C) 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 <i>26 Sept 2015</i>	Signature of Co-opted Member		Month Paid: _____
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Please, Submit Claims within 3 months of duty with fuel AT receipt

- 2 NOV 2015

FILE COPY

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	Mrs Jill Burgess	Vehicle Registration Number:	[REDACTED]	Month Ending 30th Oct 2015
Address:	[REDACTED]			Post Code:


(1)	(2)	Time of Meeting		(5)	(6)	Travel Allowances		Co-opted Member Allowance Rate		Totals				
		(3)	(4)			e.g. Civic Centre	Name of meeting please indicate with (C) if you Chaired the meeting	(8)	(9)		(10)		(11)	
									£	p	£	p	£	p
20 th Oct 15	Home	09.00	16.00	Cardiff City Hall	Standards Conference Wales 2015					198.	00	198	00	
20 th Oct 15	Home	Swansea Rail Station			✓ Taxi outward and Return £5.00 each way					10	00	10	00	
20 th Oct 15	Cardiff Rail	City Hall			✓ Taxi outward and Return £5-00 oneway £6-00 one way					11	00	11	00	
20 th Oct 15	Swansea	Cardiff			✓ 2 nd Class Day Return Rail Ticket					11.	10	11	10	
/ /						45p								
/ /						45p								
/ /						45p								
/ /						45p								
/ /						45p								

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount	230-10
Chair of Audit /Standards Cttee: > 4 hrs = £256, < 4 hrs = £128	Chair of Community/Town Council Standards Sub Cttee: > 4 hrs = £226, < 4 hrs = £113	Other Ordinary Co-opted Member: > 4 hrs = £198, < 4 hrs = £99		

Please, Submit Claims within 3 months of duty with fuel AT receipt

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

- 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) An e-mail from the Co-opted Member will be accepted as a signature providing the name of the Co-opted Member is included.

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Month Paid: _____	

Date 23 October 2015 Signature of Co-opted Member 

Please, Submit claims within 3 months of duty with fuel VAT receipt

22 JAN 2016

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

FILE COPY

Co-opted Member Name:	Mrs Jill Burgess	Vehicle Registration Number:	[REDACTED]	Month Ending 22 January 2016
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Address:	[REDACTED]	Post Code:	[REDACTED]
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Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting		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)	
		Start (3)	End (4)			Travel by own vehicle		Allowance Claimed (Column 7x8) (9)	Set by IRPW (See Rates Below) (10)				
						Miles (7)	Rate (8)		£	p			£
/22/1/16	home	09.00	12.00	Civic Centre	Standards attendance and Interviews	10	45p			4	50	4	50
/22/1/2016	home	09.00	12.00	Civic Centre	Standards attendance and Interviews					99	00	99	00
/ /													
/ /													
/ /													
/ /													
											103	50	

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed:
Chair of Audit /Standards Cttee: > 4 hrs = £256, < 4 hrs = £128	Chair of Community/Town Council Standards Sub Cttee: > 4 hrs = £226, < 4 hrs = £113	Other Ordinary Co-opted Member: > 4 hrs = £198, < 4 hrs = £99	

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.

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CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Q) 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	22 JAN 2016	Signature of Co-opted Member	Month

Please, Submit claims within 3 months of duty with fuel VAT receipt

- 4 MAR 2016

FILE COPY

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	Mrs Jill Burgess	Vehicle Registration Number:	[REDACTED]	Month Ending 30th	March 2016
Address:	[REDACTED]				

Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting		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) p	
		Start (3)	End (4)			Travel by own vehicle		Allowance Claimed (Column 7x8) £ (9) p	Set by IRPW (See Rates Below) £ (10) p			
						Miles (7)	Rate (8)					
04/03/16	home	09.00	12.30	Guildhall	Standards attendance and Interviews	10	45p		4	50	4	50
04/03/16	home	09.00	12.30	Guildhall	Standards attendance and Interviews				99	00	99	00

Please, Submit claims within 3 months of duty with fuel VAT receipt

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

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6													
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1													
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5													
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Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			
Chair of Audt /Standards Cttee: > 4 hrs = £256, < 4 hrs = £128	Chair of Community/Town Council Standards Sub Cttee: > 4 hrs = £226, < 4 hrs = £113	Other Ordinary Co-opted Member: > 4 hrs = £198, < 4 hrs = £99	Amount Claimed: 103 50

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.

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CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

C) 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 3/3/2016	Signature of Co-opted Member [REDACTED]	Month Paid: _____

7/3/16

FILE COPY

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	Mrs Jill Burgess	Vehicle Registration Number:	[REDACTED]	Month Ending	03 June 2016
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Address:	[REDACTED]	Post Code:	[REDACTED]
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(1)	(2)	Time of Meeting		(5)	(6)	Travel Allowances			Co-opted Member Allowance Rate		Totals (Column 9+10)					
		Start (3)	End (4)			Location (Place) of Duty e.g. Civic Centre	Description of Approved Duties Name of meeting please indicate with (C) if you Chaired the meeting	Travel by own vehicle		Allowance Claimed (Column 7x8)			Set by IRPW			
								Miles (7)	Rate (8)				£	p	£	p
12 May	home	1600	18.00	Guildhall	Standards attendance at Scrutiny Work Planning Conference	10	45p			4	50	4	50			
12 May	home	1600	18.00	Guildhall	Standards attendance at Scrutiny Work Planning					99	00	99	00			
03 June	home	09.35	10.30	Guildhall	Standards attendance mileage	10	45									
03 June	home	09.35	10.30	Guildhall	Standards Attendance											

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed:	103-50
Chair of Audit /Standards Cttee: > 4 hrs = £256, < 4 hrs = £128	Chair of Community/Town Council Standards Sub Cttee: > 4 hrs = £226, < 4 hrs = £113	Other Ordinary Co-opted Member: > 4 hrs = £198, < 4 hrs = £99		

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) An e-mail from the Co-opted Member will be accepted as a signature providing the name of the Co-opted Member is included.

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Checked by: [Signature]

Payroll No: _____

Date 02/06/16	Signature of Co-opted Member [REDACTED]	Month Paid: _____
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2/6/16

FILE COPY

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	Mrs Jill Burgess	Vehicle Registration Number:	[REDACTED]	Month Ending	09 th June 2016
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Address:	[REDACTED]	Post Code:	[REDACTED]
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Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting		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)	
		Start (3)	End (4)			Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)			
						Miles (7)	Rate (8)	£	p	£	p		
03 June	home	09.35	10.30	Guildhall	Standards Attendance mileage	10	.45			4	50	4	50
03 June	home	09.35	10.30	Guildhall	Standards Attendance					99	00	99	00

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed:	103.5
Chair of Audit /Standards Cttee: > 4 hrs = £256, < 4 hrs = £128	Chair of Community/Town Council Standards Sub Cttee: > 4 hrs = £226, < 4 hrs = £113	Other Ordinary Co-opted Member: > 4 hrs = £198, < 4 hrs = £99		

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.

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C) An e-mail from the Co-opted Member will be accepted as a signature providing the name of the Co-opted Member is included.

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Checked by: [Signature]

Payroll No: _____

Date09 June 2016.....	Signature of Co-opted Member	[REDACTED]	Month Paid: _____
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14/6/16

Please, Submit claims within 3 months of duty with fuel VAT receipt

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:		Mrs Jill Burgess			Vehicle Registration Number:	[REDACTED]		Month ending:		October 2016			
Address:		[REDACTED]						Post Code:		[REDACTED]			
Date of Meeting (1)	Start & End of Duty	Time of Meeting		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 Set by IRPW (See Rates Below) (10)		Totals (Column 9+10) (11)		
	Place e.g. Home (2)	Start (3)	End (4)	e.g. Civic Centre (5)		Travel by own vehicle		Allowance Claimed (Column 7x8) (9)					
						Miles (7)	Rate (8)						
						£	p	£	p	£	p		
12/07/16	Home	09.30	10.30	Guildhall	Standards attendance	10	45p			4	50	4	50
12/07/16	home	09.30	10.30	Guildhall	Standards attendance					128	00	128	00
Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):													
Chair of Audit /Standards Cttee: > 4 hrs = £256, < 4 hrs = £128			Chair of Community/Town Council Standards Sub Cttee: > 4 hrs = £226, < 4 hrs = £113			Other Ordinary Co-opted Member:			Amount Claimed:		132	50	
<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) 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:			
										Payroll No: _____			
Date07/10/16..... Signature of Co-opted Member [REDACTED]										Month Paid: _____			

10/10/16