

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

August

Co-opted Member Name:	David Anderson-Thomas	Vehicle Reg.	Month Ending:	September 2015
Address:		Engine Size	Post Code:	
		Fuel Type (e.g. Petrol/Diesel)		

Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting Start (3) 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				Co-opted Member Allowance Rate		Totals (Column 9+10) (11)	
		Travel by own vehicle				Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)					
		Miles (7)	Rate (8)			£ p (9)		£ p (10)					
						£	p	£	p				
6/8/15	Home	1530	1800	Guildhall	Education Inclusion Scrutiny Panel	6	45p	2	70	99	00	101	70
10/8/15	Home	1530	1815	Guildhall	Scrutiny Programme Committee	6	45p	2	70	99	00	101	70
13/8/15	Home	1530	1715	Guildhall	Schools Performance Scrutiny	6	45p	2	70	99	00	101	70
/ /							45p						
/ /							45p						
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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: 305.10

- 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.

For Office Use

Checked by:

Payroll No: _____

Date27/8/15.....	Signature of Co-opted Member	Month Paid: _____
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CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	David J Anderson-Thomas	Vehicle Reg.		Month Ending:	August 2015
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

(1)	(2)	Time of Meeting		(5)	(6)	Travel Allowances				Co-opted Member Allowance Rate		Totals (Column 9+10)	
		(3)	(4)			(7)	Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)				
							Miles	Rate	(9)	(10)			
		Start	End	e.g. Civic Centre	Name of meeting please indicate with (C) if you Chaired the meeting							£	p
6/7/15	Home	154 0	1820	✓ Civic Centre	Education Inclusion Scrutiny Panel	8	45p	3	60	99	00	102	60
9/7/15	Home	154 0	1700	✓ Guild Hall	School Governance Scrutiny Panel	7	45p	3	15	99	00	102	15
9/7/15	Guildhall II	170 0	1830	✓ Guildhall	Special Scrutiny Meeting (Gypsy & Traveller)	0	45p			99	00	99	00
30/7/15	Home	154 0	1830	✓ Guildhall	School Governance Scrutiny Panel	7	45p	3	15	99	00	102	15
/ /							45p						
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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:
			405.90

- 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) 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.

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Payroll No: _____

Please, Submit claims within 3 months of duty with valid receipt

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

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 ...3rd August 2015.....

Signature of Co-opted Member



Month Paid: _____

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	David Anderson-Thomas	Vehicle Reg.		Month Ending:	Sept 15
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting Start End (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)		Set by IRPW (See Rates Below)					
		Miles (7)	Rate (8)			(9)		(10)					
						£	p	£	p	£	p		
8/9/15	Home	4pm	1740	Guildhall	School Governance Scrutiny	6	45p	2	70	99	00	101	70
10/9/15	Home	4pm	620pm	Guildhall	School Performance Scrutiny	6	45p	2	70	99	00	101	70
21/9/15	Home	4pm	6pm	Civic Centre	School Performance Scrutiny	8	45p	3	60	99	00	102	60
/ /							45p						
/ /							45p						
/ /							45p						
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Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed:	306
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		

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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.

For Office Use

Checked by:

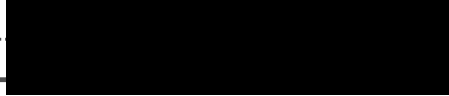
Payroll No: _____

Please, Submit claims within 3 months of duty with tuel VAI receipt

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Date4/10/15.....

Signature of Co-opted Member



Month Paid: _____

30 OCT 2015
FILE COPY

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	David Anderson-Thomas	Vehicle Reg.		Month Ending:	October 15
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

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) (9)	Set by IRPW (See Rates Below) (10)				
						Miles (7)	Rate (8)		£	p	£		
✓ 14/10/15	Home	4pm	1740	✓ Guildhall	School Performance Scrutiny Committee	6	45p	2	70	99	00	101	70
/ /							45p						
/ /							45p						
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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	

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Checked by: _____

Payroll No: _____

Date29/10/15..... Signature of Co-opted Member _____

Month Paid: _____

FILE COPY = 1 DEC 2015 6:30pm

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	David Anderson-Thomas	Vehicle Reg.	[REDACTED]	Month Ending:	Nov 15
Address:	[REDACTED]	Engine Size	[REDACTED]	Post Code:	[REDACTED]
		Fuel Type (e.g. Petrol/Diesel)	[REDACTED]		

(1)	(2)	Time of Meeting		(5)	(6)	Travel Allowances				Co-opted Member Allowance Rate		Totals (Column 9+10)		
		Start	End			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 (See Rates Below)			
							Miles	Rate	£	p	£			p
(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(11)					
✓ 2/11/15	Home	1600	1800	Civic Centre	School Governance Scrutiny	6	45p	2	70	✓ 99	00	101	70	
✓ 9/11/15	Home	1630	1800	Civic Centre	Scrutiny Programme Committee	6	45p	2	70	✓ 99	00	101	70	
✓ 11/11/15	Home	1630	1830	YG Bryn Tawe	School Governance Scrutiny	10	45p	4	50	✓ 99	00	103	50	
✓ 18/11/15	Home	1700	1800	Civic Centre	Scrutiny	6	45p	2	70	✓ 99	00	101	70	
✓ 30/11/15	Home	1700	1800	Civic Centre	School Governance scrutiny	6	45p	2	70	✓ 99	00	101	70	
✓ 3/11/15	Home	1600	1815	Civic Centre	School Performance Scrutiny	6	45p	2	70	✓ 99	00	101	70	

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed:	612.00
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) 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.

For Office Use

Checked by: _____

Payroll No: _____

Date ...1/12/15..... Signature of Co-opted Member [REDACTED] Month Paid: _____

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM 103 FEB 2016

Co-opted Member Name:	David Anderson-Thomas	Vehicle Reg.		Month Ending:	Jan 16
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

(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 (5)	Description of Approved Duties Name of meeting please indicate with (C) if you Chaired the meeting (6)	Travel by own vehicle		Allowance Claimed (Column 7x8)				Set by IRPW (See Rates Below)	
								Miles (7)	Rate (8)	£	p			£	p
										(11)					
11/11/16	Home	1600	1800	Guildhall	Scrutiny Programme Committee	6	45p	2	70	99	00	101	70		
/ /							45p								
/ /							45p								
/ /							45p								
/ /							45p								
/ /							45p								
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/ /							45p								
/ /							45p								

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			101.70
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:

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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.

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Checked by:

Payroll No: _____

Date3/2/16.....	Signature of Co-opted Member	Month Paid: _____
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2/2/16

FILE COPY
- 4 MAR 2016
FEBRUARY 2016

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	D Anderson-Thomas	<u>Vehicle Reg.</u>		Month Ending:	Feb 2016
Address:		<u>Engine Size</u>		Post Code:	
		<u>Fuel Type</u> (e.g. Petrol/Diesel)			

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) (9)		Set by IRPW (See Rates Below) (10)			
						Miles (7)	Rate (8)						
✓ 4/2/16	Home	4.30 pm	6pm	Civic Centre	GT Scrutiny Meeting	8	45p	3	60	99	00	102	60
✓ 8/2/16	Home	4pm	6pm	Civic Centre	Scrutiny	8	45p	3	60	99	00	102	60
✓ 9/2/16	Home	4.30 pm	6PM	Guildhall	Schools Performance Budget	7	45p	3	15	99	00	102	15
✓ 23/2/16	Home	4.30 pm	6PM	Civic Centre	Schools Performance Panel	8	45p	3	60	99	00	102	60

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	

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For Office Use

Checked by: _____

Payroll No: _____

Date3/3/16..... 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: D Anderson-Thomas		Vehicle Reg. [Redacted]	Month Ending:
Address: [Redacted]		Engine Size [Redacted]	Post Code:
		Fuel Type (e.g. Petrol/Diesel)	

(1) Date of Meeting	(2) Start & End of Duty Place e.g. Home	(3) Time of Meeting		(5) Location (Place) of Duty e.g. Civic Centre	(6) Description of Approved Duties Name of meeting please indicate with (C) if you Chaired the meeting	(9) Travel Allowances				(10) Co-opted Member Allowance Rate Set by IRPW (See Rates Below)		(11) Totals (Column 9+10)		
		(3) Start	(4) End			(7) Travel by own vehicle		(9) Allowance Claimed (Column 7x8)		(10)		(11)		
						Miles (7)	Rate (8)	£ (9)	p (9)	£ (10)	p (10)	£ (11)	p (11)	
														14/3/16
/ /							45p							
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Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed:	102.15
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		


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For Office Use

Checked by: 

Payroll No: _____

Month Paid: _____

Date4/4/16..... Signature of Co-opted Member [Redacted]

5/4/16

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	David Anderson-Thomas	Vehicle Reg.	[REDACTED]	Month Ending:	April 2016
Address:	[REDACTED]	Engine Size	[REDACTED]	Post Code:	[REDACTED]
		Fuel Type (e.g. Petrol/Diesel)	[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 Set by IRPW (See Rates Below) (10)	Totals (Column 9+10) (11)			
		Start (3)	End (4)			Travel by own vehicle		Allowance Claimed (Column 7x8) (9)			£	p	£	p
						Miles (7)	Rate (8)	£	p					
		£	p			£	p	£	p					
11/4/16	Home	16.30	18.00	Guildhall	Scrutiny Programme Committee	6	45p	2	70	99	00	101	70	
14/4/16	Home	1600	1830	Civic Centre	Schools Performance Scrutiny Panel	8	45p	3	60	99	00	102	60	
27/4/16	Home	1545	1730	Guildhall	MJ Award working party run through	6	45p	2	70	99	00	101	70	

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):				Amount Claimed:	306.00
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			

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For Office Use

Checked by: [Signature]

Payroll No: _____

Month Paid: _____

Date1/5/16..... Signature of Co-opted Member [REDACTED]

5/5/16.

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

FILE COPY

Co-opted Member Name: David Anderson-Thomas		Vehicle Reg. [REDACTED]	Month Ending: May16
Address: [REDACTED]		Engine Size [REDACTED]	Post Code: [REDACTED]
		Fuel Type (e.g. Petrol/Diesel)	

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) (9)		Set by IRPW (See Rates Below) (10)			
						Miles (7)	Rate (8)	£	p	£	p		
9/5/16	Home	154 5	1815	Guildhall	Scrutiny Programme Committee	6	45p	2	70	99	00	101	70
11/5/16	Home	154 5	1800	Civic Centre	Schools Performance Scrutiny Panel	6	45p	2	70	99	00	101	70
12/5/16	Home	154 5	1815	Guildhall	Annual Scrutiny Work Planning Conference	6	45p	2	70	99	00	101	70
/ /													
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Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):				Amount Claimed:	305.10
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			

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For Office Use

Checked by: [Signature]

Payroll No: _____

Date23/5/16..... Signature of Co-opted Member [REDACTED]

Month Paid: _____

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

- 5 JUL 2016

Co-opted Member Name:	David Anderson-Thomas			Vehicle Reg.	[REDACTED]	Month Ending:	May16
Address:	[REDACTED]			Engine Size	[REDACTED]	Post Code:	[REDACTED]
				Fuel Type (e.g. Petrol/Diesel)	[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)	
		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	£	p		
9/6/16	Home	154 5	1815	Guildhall	Schools Performance Scrutiny Panel	6	45p	2	70	99	00	101	70
13/6/16	Home	154 5	1800	Guildhall	Scrutiny Programme Committee	6	45p	2	70	99	00	101	70
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed:	203.40
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) 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.

For Office Use

Checked by:

Payroll No: _____

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

FILE COPY


Co-opted Member Name:	David Anderson-Thomas	Vehicle Reg.	[REDACTED]	Month Ending:	August 16
Address:	[REDACTED]	Engine Size	[REDACTED]	Post Code:	[REDACTED]
		Fuel Type (e.g. Petrol/Diesel)	[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) £ p	
		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	£	p		
8/8/16	Home	154 5	1825	Guildhall	Scrutiny Programme Committee	6	45p	2	70	99	00	101	70
23/8/16	Home	123 0	1430	Guildhall	CAMHS committee	6	45p	2	70	99	00	101	70
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						

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.
- 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.

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Checked by: 

Payroll No: _____

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	David Anderson-Thomas	Vehicle Reg.	██████████	Month Ending:	Sept 16
Address:	██████████	Engine Size	██████████	Post Code:	██████████
		Fuel Type (e.g. Petrol/Diesel)	██████████		

(1)	(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		
		Start (3)	End (4)			Travel by own vehicle		Allowance Claimed (Column 7x8) (9)	Set by IRPW (See Rates Below) (10)		Total			
						Miles (7)	Rate (8)		£	p	£	p	£	p
129/16	Home	1545	1835	Guildhall	Scrutiny Programme Committee	6	45p	2	70	99	00	101	70	
/ /							45p							
/ /							45p							
/ /							45p							
/ /							45p							
/ /							45p							
/ /							45p							
/ /							45p							
/ /							45p							
/ /							45p							

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):					Amount Claimed: 101.70
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) 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.

For Office Use
Checked by: _____
Payroll No: _____

Date 26/9/16..... Signature of Co-opted Member	Month Paid: _____
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CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	David Anderson-Thomas	Vehicle Reg.		Month Ending:	Oct 16
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

Date of Meeting	Start & End of Duty Place e.g. Home	Time of Meeting		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 Allowances				Co-opted Member Allowance Rate		Totals (Column 9+10)	
		Start	End			Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)			
						Miles	Rate						
		(1)	(2)			(3)	(4)	(5)	(6)	(7)	(8)		
10/10/16	Home	154 5	1840	Guildhall	Scrutiny Programme Committee	6	45p	2	70	99	00	101	70
19/10/16	Home	151 5	1800	Guildhall	Schools Performance Panel	6	45p	2	70	99	00	101	70

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:	203.40
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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.
- 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.

For Office Use

Checked by:

Payroll No: _____

Date 25/10/16..... Signature of Co-opted Member	Month Paid: _____
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26 OCT 2016

26/10/16

30 NOV 2016

21-14pm

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	David Anderson-Thomas	Vehicle Reg.		Month Ending:	Nov16
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

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) (9)		Set by IRPW (See Rates Below) (10)			
						Miles (7)	Rate (8)						
✓ 14/11/16	Home	1530 (Home)	1930 (Home)	Guildhall	Scrutiny Programme Committee	6	45p	2	70	99	00	101	70
✓ 16/11/16	Home	1515	1745	Guildhall	Schools Performance Panel	6	45p	2	70	99	00	101	70
✓ 23/11/19	Home	1300	1530	Swansea Childrens Centre	Childrens Readiness for School Scrutiny (SA5 7AZ)	10	45p	4	50	99	00	103	50
✓ 29/11/16	Home	1530	1850		Education inclusion follow up	6	45p	2	70	99	00	101	70

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: 408.60
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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.
- 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.

For Office Use

Checked by:

Payroll No: _____

Date 30/11/16..... Signature of Co-opted Member	Month Paid: _____
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11/2/16

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	David Anderson-Thomas	Vehicle Reg.	[REDACTED]	Month Ending:	Dec16
Address:	[REDACTED]	Engine Size	[REDACTED]	Post Code:	[REDACTED]
		Fuel Type (e.g. Petrol/Diesel)	[REDACTED]		

(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 (See Rates Below)	
								Miles (7)	Rate (8)	£	p			£	p
£	p	£	p	£	p										
✓ 8/12/16	Home	1530 (Home)	1820	Guildhall	Schools Performance Panel ✓	6	45p	2	70	99	00	101	70		
✓ 12/12/16	Home	1530	1800	Guildhall	Scrutiny Meeting ✓	6	45p	2	70	99	00	101	70		
✓ 20/12/16	Home	1430	1700	Guildhall	Children's readiness for School Panel ✓	6	45p	2	70	99	00	101	70		

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:	305.10
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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.
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- 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.

For Office Use

Checked by: [Signature]

Payroll No: _____

Date 20/12/16..... Signature of Co-opted Member [REDACTED]

Month Paid: _____

21/12/16

26 JAN 2017

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:		David Anderson-Thomas			Vehicle Reg.		[REDACTED]		Month Ending:		Jan 2017	
Address:		[REDACTED]			Engine Size		[REDACTED]		Post Code:		[REDACTED]	
						Fuel Type (e.g. Petrol/Diesel)						
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	
3/1/17	Home	1530 (Home)	1800	Guildhall	Scrutiny – Education Inclusion	6	45p	2	70	99	00	101 70
9/1/17	Home	1530	1815	Guildhall	Scrutiny Meeting	6	45p	2	70	99	00	101 70
19/1/17	Home	1400	1645	Ffach Medical Centre (SA5 5AA)	Children's readiness for School Panel – Fforestfach Medical Centre	8	45p	3	60	99	00	102 60
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:		306.00	
<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) 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.</p> <p>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.</p>											For Office Use	
											Checked by: _____	
											Payroll No: _____	
Date 25/1/17..... Signature of Co-opted Member [REDACTED]											Month Paid: _____	

26/2/2017