

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

FILE COPY 18 DEC 2015

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	Mr Philip Ronald Crayford	Vehicle Registration Number & engine size:	[REDACTED]	Month Ending:	December 2015
Address:	[REDACTED]			Post Code:	[REDACTED]

(1)	(2)	Time of Meeting		(5)	(6)	Travel Allowances				Co-opted Member Allowance Rate		Totals (Column 9+10)		
		Start	End			Location (Place) of Duty e.g. Civic Centre	Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)			
							Miles	Rate	£	p	£			p
4/12/2015	Home	0900	1200	Guildhall	Standards Committee	9	45p	4	05	99		103	05	
/ /							45p							
/ /							45p							
/ /							45p							
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Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed:	103	05
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 provided it is included.

For Office Use

Checked by: 

Payroll No: _____

Date 14/12/2015 Signature of Co-opted Member Month Paid: _____

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

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

22 JAN 2016
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Co-opted Member Name:	Mr Philip Ronald Crayford	Vehicle Registration Number & engine size:	[REDACTED]	Month Ending:	January 2016
Address:	[REDACTED]			Post Code:	[REDACTED]

(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		(11) Totals (Column 9+10)	
		(4) Start	(4) End			(7) Travel by own vehicle		(9) Allowance Claimed (Column 7x8)		(10) Set by IRPW (See Rates Below)		£	p
						(7) Miles	(8) Rate	£	p	£	p		
✓ 22/01/2016	Home	0900	1200	CIVIC	Standards Committee ✓	10	45p	4	50	99		103	50
/ /							45p						
/ /							45p						
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/ /							45p						
/ /							45p						

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			

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C) An e-mail from the Co-opted Member will be accepted as a signature [REDACTED] dated [REDACTED].

Date 23/01/2016 Signature of Co-opted Member .. [REDACTED]

For Office Use

Checked by: [Signature]

Payroll No: _____

Month Paid: _____

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CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	Mr Philip Ronald Crayford	Vehicle Registration Number & engine size:	[REDACTED]	Month Ending:	June 2016
Address:	[REDACTED]			Post Code:	[REDACTED]

(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	Rate	£	p	£	p	£	p
✓ 3/6/16	Home	0900	1200	Guildhall	Standards Committee	9	45p	4	05	99	00	103	05

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		103	05

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

For Office Use
 Checked by: [Signature]
 Payroll No: _____

Date 3rd June 2016 Signature of Co-opted Member [REDACTED] Month Paid: _____

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: Mr Philip Ronald Crayford		Vehicle Registration Number & engine size: [REDACTED]		Month Ending: October 2016
Address: [REDACTED]				Post Code: [REDACTED]

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 Set by IRPW (See Rates Below) (10)		Totals (Column 9+10) (11)			
		Start	End			Travel by own vehicle		Allowance Claimed (Column 7x8) (9)		£	p	£	p	£	p
						Miles (7)	Rate (8)	£	p						
07/10/16	Home	0935	1025	Guildhall	Standards Committee	9	45p	4	05	99	00	103	05		

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed:	103 05	
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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Date 7/10/2016 Signature of Co-opted Member [REDACTED]

For Office Use
Checked by:
Payroll No: _____
Month Paid: _____

11/10/16

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

20 JAN 2017

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	Mr Philip Ronald Crayford	Vehicle Registration Number & engine size:	[REDACTED]	Month Ending:	January 2017
Address:	[REDACTED]	Post Code:	[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)		Set by IRPW (See Rates Below)			
						Miles (7)	Rate (8)	£	p	£	p		
✓ 20/01/17	Home	0935	1005	Guildhall	Standards Committee	9	45p	4	05	99	00	103	05

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed:	103	05
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For Office Use

Checked by: [Signature]

Payroll No: _____

Date ...20/01/2017..... Signature of Co-opted Member [REDACTED]

Month Paid: _____

23/1/17