

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

17 JUN 2015

Co-opted Member Name:	MARGARET A. WILLIAMS			Vehicle Reg.	[REDACTED]			Month Ending:	June 2015		
Address:	[REDACTED]			Engine Size	[REDACTED]			Post Code:	[REDACTED]		
		Time of Meeting		Location (Place) of Duty	Description of Approved Duties			Travel Allowances			Co-opted Member Allowance Rate

(1)	(2)	(3)	(4)	(5)	(6)	Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)		Totals (Column 9+10)	
						Miles	Rate	£	p	£	p	£	p
						(7)	(8)	(9)		(10)		(11)	
16/6/15	Home	5pm	6:15pm	GUILDHALL	DEMOCRATIC SERVICES	24	45p	10	80	99	80	109	80
/ /							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: £109.80
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: [Signature]

Payroll No: _____

Month Paid: _____

Date 15/6/15 Signature of Co-opted Member [REDACTED]

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

30 NOV 2015

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

FILE COPY
SEPT. 2015

Co-opted Member Name:		MARGARET A. WILLIAMS			Vehicle Reg.	[REDACTED]		Month Ending:	SEPT. 2015	
Address:		[REDACTED]			Engine Size	[REDACTED]		Post Code:	[REDACTED]	
					Fuel Type (e.g. Petrol/Diesel)	[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	(7) Travel Allowances			(10) Co-opted Member Allowance Rate		(11) Totals		
		(3) Start	(4) End			(8) Travel by own vehicle		(9) Allowance Claimed (Column 7x8)		(10) Set by IRPW (See Rates Below)		(11) (Column 9+10)	
						(7) Miles	(8) Rate	(9) £	(9) p	(10) £	(10) p	(11) £	(11) p
✓ 14/19/15	Home	9.30	11.30	Lyndahall	Standards Committee	✓ 22	45p	9	90	99	00	108	90
/ /							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:	108.90
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: _____

Date: 20/11/15 Signature of Co-opted Member: [REDACTED]

Month Paid: _____

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

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM **30 NOV 2015**

Co-opted Member Name:	MARGARET A. WILLIAMS	Vehicle Reg.	[REDACTED]	Month Ending:	October 2015
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			£
✓ 20/10/15	HOME	9.15	16.00	CARDIFF	STANDARDS CONFERENCE	✓	45p	11	55	198	00	209	55
/ /				CITY	WALES 2015		45p						
/ /				HALL.	(MEMBER OF STANDARDS COMMITTEE)		45p						
/ /					TRAVEL BY TRAIN -		45p						
/ /					RETURN - LLANELLI → CARDIFF		45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed:	209 - 55
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.
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For Office Use

Checked by: [Signature]

Payroll No: _____

Month Paid: _____

Date 20/11/15 Signature of Co-opted Member [REDACTED]

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

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

FILE COPY
- 4 DEC 2015

Co-opted Member Name:	MARGARET A. WILLIAMS	Vehicle Reg.	[REDACTED]	Month Ending:	December 2015
Address:	[REDACTED]	Engine Size	[REDACTED]	Post Code:	[REDACTED]
		Fuel Type (e.g. Petrol/Diesel)	[REDACTED]		

(1)	(2)	(3)		(5)	(6)	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		£	p			£
4/12/15	Home	9.30	12.00	GUILDHALL SWANSEA	STANDARDS COMMITTEE	22	45p	9	90	99		108	90
/ /							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:
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: _____

Date 4/12/15 Signature of Co-opted Member [REDACTED]

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	MARGARET A. WILLIAMS	Vehicle Reg.		Month Ending:	March 2016
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	£	p		
✓ 4/3/16	HOME	9:30	10:25	GUILD HALL	STANDARDS COMMITTEE	22	45p	9	90	99	00	108	90
/ /						(2x11)	45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						

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

Checked by:

Payroll No: _____

Date 4/3/16	Signature of Co-opted Member	Month Paid: _____
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CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name: MARGARET WILLIAMS		Vehicle Reg. [REDACTED]		Month Ending: OCT. 2016
Address: [REDACTED]		Engine Size [REDACTED]		Post Code: [REDACTED]
		Fuel Type (e.g. Petrol)		

(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		
✓ 7/10/16	Home	9.35	10.40	GUILD HALL SWANSEA	STANDARDS COMMITTEE ✓	22	45p	9	90	99	00	108	90
/ /						(2x11)	45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						

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

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Date 7/10/16 Signature of Co-opted Member [REDACTED]

For Office Use

Checked by: [Signature]

Payroll No: _____

Month Paid: _____