CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

– 3 APR 2017

Co-opted Member Name:	ALAN. M. THOMAS	**Vehicle Reg.**	[redacted]	**Month Ending:**	MARCH 2017
Address:	[redacted]	**Engine Size**		**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: Start (3)	Time of Meeting: 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: Travel by own vehicle: Miles (7)	Travel Allowances: Travel by own vehicle: Rate (8)	Allowance Claimed (Column 7x8) (9) £	(9) p	Co-opted Member Allowance Rate: Set by IRPW (See Rates Below) (10) £	(10) p	Totals (Column 9+10) (11) £	(11) p
✓ 14/03/17	HOME	2pm	3.50pm	GULLY HALL	AUDIT COMM (C)	10	45p	4	50	128	00	132	50
/ /							45p						
✓ 28/03/17	HOME	2pm	4.30pm	GULLY HALL	AUDIT COMM (C)	10	45p	4	50	128	00	132	50
/ /							45p						
/ /							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:	Chair of Community/Town Council Standards Sub Cttee:	Other Ordinary Co-opted Member:
> 4 hrs = £256, < 4 hrs = £128	> 4 hrs = £226, < 4 hrs = £113	> 4 hrs = £198, < 4 hrs = £99

Amount Claimed: 265 . 00

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: _____

Date 30/3/17 Signature of Co-opted Member [redacted]

Month Paid: _____

C:\Users\wendy\Downloads\Co-opted Member Expense Form MAY 14 (5).doc

3/4/17