

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

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

04 JUL 2014


Co-opted Member Name:	David Anderson-Thomas	Vehicle Reg.	.....	Month Ending:	June 2013
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		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 / 14	Civic Centre	4pm	6pm (approx)	Civic Centre	Scrutiny Programme Committee		45p			99	00	99	00
/ /							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.

For Office Use

Checked by: 

Payroll No: _____

4th July 2014
 Date Signature of Co-opted Member

Month Paid: _____

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	David J Anderson-Thomas	Vehicle Reg.	.....	Month Ending:	July 2014
Address:	[REDACTED]	Engine Size	.....	Post Code:	[REDACTED]
		Fuel Type (e.g. Petrol/Diesel)	.....	

Date of Meeting (1)	Start & End of Duty	Time of Meeting		Location (Place) of Duty	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)	
	Place e.g. Home (2)	Start (3)	End (4)	e.g. Civic Centre (5)		Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)			
						Miles (7)	Rate (8)	£ p		£ p			
								£	p	£	p		
3/7/14	Home	15.30	17.00	Civic Centre	School Performance Panel		45p			99	00	99	00
7/7/14	Home	16.00	18.00	Civic Centre	Scrutiny Programme Committee		45p			99	00	99	00
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			198.00
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	Amount Claimed:

- 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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- 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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Payroll No: _____

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

23 SEP 2014

Co-opted Member Name:	David Anderson-Thomas	Vehicle Reg.		Month Ending:	30/9/14
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

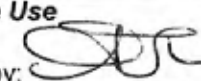
Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting Start End (3) (4)		Location (Place) of Duty e.g. Civic Centre (5)	Description of Approved Duties Name of meeting please indicate with (C) if you Chaired the meeting (6)	Travel Allowances				Co-opted Member Allowance Rate		Totals (Column 9+10) (11) £ p	
		Travel by own vehicle				Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)					
		Miles (7)	Rate (8)			£	p	£	p				
						£	p	£	p				
1/9/14	Home	16.0	17.30	Civic Centre	Scrutiny Programme Committee	8	45p	3	60	99	00	102	60
18/9/14	Home	15.3	17.30	Civic Centre	School Performance Panel	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)):			£205.20
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:

<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>	<p>For Office Use</p> <p>Checked by: </p> <p>Payroll No: _____</p>
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27 OCT 2014

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:		D Anderson-Thomas			Vehicle Reg.		[REDACTED]		Month Ending:		Oct 2014		
Address:		[REDACTED]			Engine Size		[REDACTED]		Post Code:		[REDACTED]		
Address:		[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		
29/9/14	Home	330 pm	630 pm	Civic Ctre	Scrutiny Programme Committee	8	45p	3	60	99	00	102	60
13/10/14	Home	9am	1pm	Civic Ctre	Safeguarding Training	8	45p	3	60	99	00	102	60
15/10/14	Home	1pm	5pm	Civic Ctre	Treasury Management Training	8	45p	3	60	99	00	102	60
/ /							45p						
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/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):										307.80			
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			Amount Claimed:				
<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: _____			

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:	D Anderson-Thomas	Vehicle Reg.		Month Ending:	Dec 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) £ 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		
10/11/14	Home	154 5	1830	Civic Centre	Schools Performance Scrutiny Panel (Re Morriston School)	8	45p	3	60	99	00	102	60
13/11/14	Home	133 0	1830	Civic Centre	Special Scrutiny Meeting (Underhill Park) & Schools Performance Panel Meeting	8	45p	3	60	198	00	201	60
24/11/14	Home	154 5	1830	Civic Centre	Scrutiny Programme Committee	8	45p	3	60	99	00	102	60
11/12/14	Home	15:1 0	17:40	Civic Centre	Schools Performance Panel Meeting	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:	509.40
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.

For Office Use

Checked by: 

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM 02 FEB 2015

Co-opted Member Name:	David J Anderson-Thomas	Vehicle Reg.	.....	Month Ending:	Jan 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		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		
22/1/15	Home	15.30	16.30	Civic Centre	School Performance Panel	8	45p	3	60	99	00	102	60
28/1/15	Home	1330	1600	Hafod Primary School	School Performance Panel – Keep in Touch meeting SAI 2LT	10	45p	4	50	99	00	103	50
/ /							45p						
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Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			206.10
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	Amount Claimed:


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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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

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

Date of Meeting	Start & End of Duty	Time of Meeting		Location (Place) of Duty	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)	
	Place e.g. Home	Start	End	e.g. Civic Centre		Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)			
						Miles	Rate	£	p	£	p		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(11)		
19/2/15	Home	15.30	17.30	Civic centre	Schools Performance Panel	8	45p	3	60	99	00	102	60
/ /							45p						
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Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			102.60
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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Date4/3/15..... Signature of Co-opted Member [REDACTED]	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:	March 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)			
		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
16/3/15	Home	15.30	18.30	Guildhall	Scrutiny Programme Committee	8	45p	3	60	99	00	102	60		
27/3/15	Home	0930	1200	Guildhall	School Scrutiny – Education Inclusion	8	45p	3	60	99	00	102	60		
/ /							45p								
/ /							45p								
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/ /							45p								

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed:	205.20
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: _____

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:	David Anderson-Thomas	Vehicle Reg.	[REDACTED]	Month Ending:	April 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	£	p		
13/4/15	Home	16.00	18.40	Civic Centre	Scrutiny Programme Committee	8	45p	3	60	99	00	102	60
21/4/15	Home	15.00	18.30	Guild Hall	Education Inclusion Scrutiny Inquiry Panel	7	45p	3	15	99	00	102	15
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed:	204.75
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		

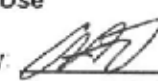
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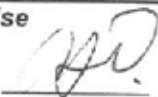
Date ...30/4/15..... Signature of Co-opted Member [REDACTED]

Month Paid: _____

30 APR 2015

01 JUN 2015

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:		David J Anderson-Thomas			Vehicle Reg.	.. [REDACTED] ..		Month Ending:	May15				
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		
5/5/15	Home	150 0	1800	GuildHall	Education Inclusion Scrutiny	6	45p	2	70	99	00	101	70
18/5/15	Home	150 0	1800	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:		203.40		
<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: _____		

