

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

12 JUL 2013

**CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM**

<b>Co-opted Member Name:</b>	Jill Burgess	<b>Vehicle Registration Number:</b>		<b>Month Ending:</b> July 2013
<b>Address:</b>				<b>Post Code:</b>

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) £ p	
		Start (3)	End (4)			Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)			
						Miles (7)	Rate (8)	£	p	£	p		
12 / 07 / 13	Home	8.5	9.3	Civic Ctr	Standards	10	45p	99	00			4	50
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						


<b>Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):</b>			<b>Amount Claimed:</b>	103 - 50
<b>Chair of Audit /Standards Cttee:</b> > 4 hrs = £256, < 4 hrs = £128	<b>Chair of Community/Town Council Standards Sub Cttee:</b> > 4 hrs = £226, < 4 hrs = £113	<b>Other Ordinary Co-opted Member:</b> > 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 providing the name of the Co-opted Member is included.

**For Office Use**

Checked by: 

Payroll No: \_\_\_\_\_

Date: 12/7/2013 ..... Signature of Co-opted Member .....

Month Paid: \_\_\_\_\_

23 AUG 2013

PLEASE COMPLETE THIS FORM IN BLACK INK

**CLAIM FOR TRAVELLING AND SUBSISTENCE ALLOWANCES**


**Councillor:** Jill Burgess **Vehicle Registration No:** \_\_\_\_\_ **Engine Size:** 3500  
**Address:** \_\_\_\_\_  
**Month Ending:** August 2013

(1) Date	Start of Duty		End of Duty		(6) Description of Approved Duties	Travelling Allowances				Subsistence		Totals		
	(2) Place	(3) Time	(4) Place	(5) Time		Travel by Vehicle		(9) Fares, Tolls, Parking, etc £ p	Allowance Claimed		Outside the Authority's Area Only		Totals	
						(7) Miles	(8) Rate p		(10) £ p		(11) £ p		(12) £ p	
23/08/13	home	9	civic	10.3	Standards Committee Attendance allowance	10	45					4	50	
												99	00	
									<b>TOTAL</b>				103	50
Where travel is by own vehicle, please state vehicle registration no and engine size														
If the mileage rate claimed in column 8 is the higher mileage rate please give reason for claiming at this rate:									<b>Less payment received or claimed from any other body or authority</b>					
									<b>Amount Claimed</b>				103	50

**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 member of this Authority and that I have actually and necessarily paid the fares, fees and made the other payments shown in column 9 and incurred the actual mileage in column 7 above. The amounts claimed are in accordance with the rates determined by the City and County of Swansea.

**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.

Date 23/8/2013 Signature of Councillor \_\_\_\_\_

**For Office Use**  
 Checked by:   
 Payroll No: \_\_\_\_\_  
 Month Paid: \_\_\_\_\_

**Submit claims within 3 months of duty with fuel VAT receipt**

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

15 NOV 2013

### CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

<b>Co-opted Member Name:</b>	Jill Burgess	<b>Vehicle Registration Number:</b>		<b>Month Ending:</b>	14/11/13
<b>Address:</b>				<b>Post Code:†</b>	

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	£
15 / 11 / 13	home	9.3	10.3	Civic	Standards Committee	10	45p					4	50
/ /					Attendance Allowance		45p					99	00
/ /					Co-opted member		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:	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		

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 providing the name of the Co-opted Member is included.

**For Office Use**

Checked by: 

Payroll No: \_\_\_\_\_

Date 15 November 13 Signature of Co-opted Member \_\_\_\_\_

Month Paid: \_\_\_\_\_

17 JAN 2014

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

**CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM**

<b>Co-opted Member Name:</b>	Jill Burgess	<b>Vehicle Registration Number:</b>		<b>Month Ending:</b>	16/01/14
<b>Address:</b>				<b>Post Code:</b>	


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			£
17/1/14	home	9	10.3	civic	Standards attendance					99	0		
/ /					Standards petrol	10	45p			4	50		
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							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			

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 providing the name of the Co-opted Member is included.

**For Office Use**  
 Checked by:   
 Payroll No: \_\_\_\_\_

Date 17 Jan 2014 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

<b>Co-opted Member Name:</b>	Mrs Jill Burgess	<b>Vehicle Registration Number:</b>		<b>Month Ending:</b>	21 <sup>st</sup> February 2014
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<b>Address:</b>		<b>Post Code:</b>	
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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) p		Set by IRPW (See Rates Below) £ (10) p			
						Miles (7)	Rate (8)						
22 / 01 / 14	home	3	4.3	Civic centre	Training rules of Debate petrol allowance	10	45p			4	50		
21/02 /14	home	9	10.3	Civic centre	Standards attendance		45p			99	0		
21/02 /14	home	9	10.3	Civic centre	Petrol allowance standards	10	45p			4	50		
/ /							45p						
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<b>Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):</b>			<b>Amount Claimed:</b>	108 -- 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:

Payroll No: \_\_\_\_\_

Date: 21 <sup>st</sup> february 2014	Signature of Co-opted Member	Month Paid: _____
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**CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM**

<b>Co-opted Member Name:</b>	Mrs Jill Burgess	<b>Vehicle Registration Number:</b>		<b>Month Ending:</b>	04 April 2014
<b>Address:</b>				<b>Post Code:</b>	

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			
		Start (3)	End (4)			Travel by own vehicle		Allowance Claimed (Column 7x8) (9)	Set by IRPW (See Rates Below) (10)		Totals (Column 9+10) (11)		
						Miles (7)	Rate (8)		£	p	£	p	£
05/03 / /	Home	09:00:00	12:30:00	Guildhall	Social Media Training	10	45p			4	50	4	50
18 /03 / /	Home	14:00:00	22:30:00	Civic Centre	Standards Attendance	10	45p			99	0	103	0
04/04 / /	Home	09:00:00	10:30:00	Civic Centre	Standards Attendance	10	45p			99	0	103	0
/ /							45p						
/ /							45p						
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<b>Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):</b>			<b>Amount Claimed:</b>	211 = 50
<b>Chair of Audit /Standards Cttee:</b> > 4 hrs = £256, < 4 hrs = £128	<b>Chair of Community/Town Council Standards Sub Cttee:</b> > 4 hrs = £226, < 4 hrs = £113	<b>Other Ordinary Co-opted Member:</b> > 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 providing the name of the Co-opted Member is included.

**For Office Use**

Checked by: 

Payroll No: \_\_\_\_\_

Date 14/4/2014 Signature of Co-opted Member \_\_\_\_\_ Month Paid: \_\_\_\_\_

C:\Users\Brian\Documents\Co-opted Member Expense Form Standards.doc