

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

29 JUL 2014

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	Mrs Jill Burgess	Vehicle Registration Number:		Month Ending:	28/07/14
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Address:		Post Code:	
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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)	
		Start (3)	End (4)			Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)			
						Miles (7)	Rate (8)	(9)		(10)			
						£	p	£	p	£	p	£	p
/ /	18/07/14	9.00	10.30	Civic	Standards attendance	10	45p	4	5			4	50
/ /	18/07/14	9.00	10.30	Civic	Standards attendance		45p			99	00	99	00
/ /							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) I declare that I have not claimed any other allowances for the same period as this claim.

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 Payroll No: _____

Date <u>29 July 2014</u> Signature of Co-opted Member ...	Month Paid: _____
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01 SEP 2014

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	Mrs Jill Burgess	Vehicle Registration Number:		Month Ending: August 2014
Address:				Post Code:


(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		(8) Allowance Claimed (Column 7x8)		£	p	£	p	£	p
						Miles	Rate	£	p						
05/08 /14	home	09.00	12.30	Civic	Training Course Public Engagement	10	45p				4	50	4	50	
29/08 /14	home	09.00	10.30	Civic	Standards attendance	10	45p						4	50	
29 / 08 / 14	home	09.00	10.30	Civic	Standards attendance		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:	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		

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.

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CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	Mrs Jill Burgess	Vehicle Registration Number:		Month Ending: October 2014
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Address:		Post Code:	
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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)	
		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	£		
08/10 /14	home	1500	1700	Civic	Training Course Get to Know your tablet	10	45p			4	50	4	50
10/10 8/14	home	09.30	10.30	Civic	Standards attendance	10	45p					4	50
10/10 /14	home	09.30	10.30	Civic	Standards attendance					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)):

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:	108.00
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- 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.

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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:	Mrs Jill Burgess	Vehicle Registration Number:		Month Ending: November 2014
Address:				Post Code

Date of Meeting (1)	Start & End of Duty (2)	Time of Meeting (3) (4)		Location (Place) of Duty (5)	Description of Approved Duties (6) Name of meeting please indicate with (C) if you Chaired the meeting	Travel Allowances				Co-opted Member Allowance Rate		Totals (Column 9+10) (11)	
	Place e.g. Home	Start	End	e.g. Civic Centre		Travel by own vehicle		Allowance Claimed (Column 7x8) (9)		Set by IRPW (See Rates Below) (10)			
						Miles (7)	Rate (8)						
								£	p	£	p		
	home												
08/10/2014	home	09.00	10.30	Civic Centre	Smartphone training					99.	00	99	00
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /					Mileage already claimed		45p						

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed:	99.00
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		

<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) 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 style="text-align: center;">For Office Use</p> <p>Checked by: </p> <p>Payroll No: _____</p>
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CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	Mrs Jill Burgess	Vehicle Registration Number:		Month Ending: Novemb er 2014	
Address:				Post Code:	

Date of Meeting (1)	Start & End of Duty		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)	
	Place e.g. Home (2)	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		
													£	p
	home													
21/11 14	home	09.00	10.30	Civic	Standards attendance	10	45p			4	50	4		
21/11 /14	home	09.00	10.30	Civic	Standards attendance					99	00	99		
/ /							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		

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09 JAN 2015

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM


Co-opted Member Name:	Mrs Jill Burgess	Vehicle Registration Number:	[REDACTED]	Month Ending: 9th January 2015
Address:	[REDACTED]			

(1) Date of Meeting	(2) Start & End of Duty Place e.g. Home	(3) Time of Meeting Start End		(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)		
		(7) Miles	(8) Rate			(9) Allowance Claimed (Column 7x8)		(10) £	(10) p	(11) £	(11) p		
						£	p						
09/01 2015	home	09.30	10.30	Civic Centre	Standards attendance					99	00	99	00
09 / 01 / 15	home	09.30	10.30	Civic Centre	Mileage Standards attendance	10	45p			4	50	4	50
/ /							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		

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CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	Mrs Jill Burgess	Vehicle Registration Number:	[REDACTED]	Month Ending: 29th January 2015
Address:	[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)		
		Start (3)	End (4)			Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)		(11)	
						Miles (7)	Rate (8)	£	p	£	p		
29/01 2015	home	16.00	18.00	Civic Centre	Standards attendance(Training) Making Scrutiny More Effective					99.	00	99	00
29 / 01 / 15	home	16.00	18.00	Civic Centre	Mileage Standards attendance	10	45p			4	50	4	50
/ /							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		

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CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	Mrs Jill Burgess	Vehicle Registration Number:		Month Ending: February 2015
Address:				


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	£
	home												
13/02/15	home	09.00	10.30	Civic	Standards attendance	10	45p			4	50	4	
13/02/15	home	09.00	10.30	Civic	Standards attendance					99	00	99	
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						

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:	103.50
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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:	Mrs Jill Burgess	Vehicle Registration Number:		Month Ending: 30 June 2015
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Address:	
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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) £ p		
	Travel by own vehicle		Allowance Claimed (Column 7x8)			Set by IRPW (See Rates Below)								
	Miles (7)	Rate (8)	£ p			£	p							
			£	p		£	p							
	home													
✓ 05/06 15	home	09.00	10.30	Guildhall	Standards attendance	10	45p			4	50	4	50	
✓ 05/6/ 15	home	09.00	10.30	Guildhall	Standards attendance					99	00	99		
/ /							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			

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