

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

21 SEP 2018

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	Mrs Jill Burgess	Vehicle Registration Number:	[REDACTED]	Month Ending	20 September 2018
Address:	[REDACTED]			Post Code:	[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) £ p	
		Start (3)	End (4)			Travel by own vehicle		Allowance Claimed (Column 7x8) (9)	Set by IRPW (7 Hours) (10)				
						Miles (7)	Rate (8)		£	p	£		
14/09/18	Home	6.30am	1900 pm	Sketty Coed Fan	Standards Conference Wales 2018 Aberystwyth	10	45p	4	50	128 00	00	128 00	50
20/09/18	Home	17.00 pm	20 30 pm	Guild hall	To Present to Council as Chair of Standards	10	45p	4	50	128	0	132	50
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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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- 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 [Redacted]
Checked by [Redacted]
Payroll No: _____

Date *20 Sept 2018* Signature of Co-opted Member [Redacted]

Month Paid: _____