

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

20 APR 2018

Co-opted Member Name:		Mrs Jill Burgess			Vehicle Registration Number: [REDACTED]		20th April 2018		Chair Standards				
Address:		[REDACTED]						[REDACTED]					
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	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)	
	(2)	(3)	(4)	(5)		(6)	Miles (7)	Rate (8)	£ (9)			p	£ (10)
✓	Home	930	1 130	Guildhall	Standards attendance	10	45p			4	50	4	50
✓	2 home	930	1130	Guildhall	Standards attendance Chair					128	00	128	00
0													
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0													
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4													
/													
1													
8													

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Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			132.5	132.5
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:	132.5 132..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 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: [REDACTED]
 Payroll No: _____

Date20th April 2018..... Signature of Co-opted Member.....
[REDACTED]

Month Paid: _____