

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM 17 JAN 2018

Co-opted Member Name:	Mrs Jill Burgess	Vehicle Registration Number:	[REDACTED]	12 January 2018	Chair Standards
Address:	[REDACTED]			Post Code:	[REDACTED]

Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting (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)			
		Travel by own vehicle				Allowance Claimed (Column 7x8) (9)		Set by IRPW (See Rates Below) (10)							
										Miles (7)	Rate (8)			£	p
										£	p			£	p
12/01/18	home	9.30	11.30	Gdhall	Standards attendance	10	45p			4	50	4	50		
12/01/18	home	9.30	11.30	Gdhall	Standards attendance					128	00	128	00		
12/01/18		9.30	11.30		Car Parking charge Swansea Baths					3	00	3	00		

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):					Amount Claimed:	135 50
Chair of Audit /Standards Cttee: 50 > 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: [REDACTED]

Payroll No: _____

Date16 January 2018..... Signature of Co-opted Member [REDACTED]

Month Paid: _____