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:	Philip Ronald Crayford	Vehicle Reg. / Engine Size / Fuel Type (e.g. Petrol/Diesel)	[redacted]
Address:	[redacted]	**Month Ending:**	October 2017
		Post Code:	[redacted]

Date of Meeting (1)	Start & End of Duty: Place e.g. Home (2)	Time of Meeting: Start (3)	Time of Meeting: End (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: Travel by own vehicle: Miles (7)	Travel by own vehicle: Rate (8)	Allowance Claimed (Column 7x8) £ (9)	p (9)	Co-opted Member Allowance Rate: Set by IRPW (See Rates Below) £ (10)	p (10)	Totals (Column 9+10) £ (11)	p (11)
✓ 13/10/17	Home	~~1230~~ 9.30	~~1245~~ 10.45	Guildhall	Standards Committee meeting	9	45p	4	05	99	00	103	05

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

Chair of Audit /Standards Cttee:	Chair of Community/Town Council Standards Sub Cttee:	Other Ordinary Co-opted Member:	Amount Claimed:	103.05
> 4 hrs = £256, < 4 hrs = £128	> 4 hrs = £226, < 4 hrs = £113	> 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) If using a private vehicle whilst on Council business, Co-Opted Members should ensure that they have a valid driving licence, MOT and comprehensive vehicle insurance specifically incl[redacted]

D) An e-mail from the Co-opted Member will be acce[redacted] is included.

Date 13/10/2017 Signature of Co-opted Member [redacted]

For Office Use

Checked by: [signature]

Payroll No: _____

Month Paid: _____