

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

20 APR 2018

Co-opted Member Name:	Philip Ronald Crayford	Vehicle Reg.		Month Ending:	April 2018
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

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) (11)	
		Travel by own vehicle				Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)					
		Miles (7)	Rate (8)			£	p (9)	£	p (10)	£	p (11)		
20/04/18	Home	0935	1120	Guildhall	Standards Committee	9	45p	4	05	99	00	103	05
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Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):				Amount Claimed:	103.05
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) 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 including

D) An e-mail from the Co-opted Member will be accepted if Member is included.

Date 20/04/2018 Signature of Co-opted Member

For Office Use
Checked by:
Payroll No: _____
Month Paid: _____