

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

## CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM 20 JUL 2018

<b>Co-opted Member Name:</b>	Philip Ronald Crayford	<b>Vehicle Reg.</b>		<b>Month Ending:</b>	July 2018
<b>Address:</b>		<b>Engine Size</b>		<b>Post Code:</b>	
		<b>Fuel Type</b> (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)				
20/07/18	Home	1000	1130	Guildhall	Standards Committee	9	45p	4	05	99	00	103	05

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 business and commuting use.

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

**For Office Use**

Checked by: \_\_\_\_\_

Payroll No: \_\_\_\_\_

Date 20/07/2018      Signature of Co-opted Member: \_\_\_\_\_

Month Paid: \_\_\_\_\_