

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	GARETH EVANS	Vehicle Reg.		Month Ending:	JULY 18
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

Date of Meeting	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)				
	(1)	(2)	(3)	(4)	(5)		(6)	Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)			(11)		
								(7)	(8)	(9)	(10)						
												£					p
20/07/18	HOME	08:30	13:10	GUILDFORD	STANDARDS COMMITTEE	41	45p	18	45	798	00						
/ /					including reading		45p	5	00								
/ /					Posting		45p						221.45				
/ /							45p										
/ /							45p										
/ /							45p										
/ /							45p										
/ /							45p										
/ /							45p										
/ /							45p										

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

- .) 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.
- .) 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.
- .) 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.
- .) 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: _____

Payroll No: _____

Date: 25/7/18 Signature of Co-opted Member: _____ Month Paid: _____