

Please, submit claims within 6 months of duty completion

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM 17 JUL 2017

Co-opted Member Name:	GARETH EVANS	Vehicle Reg. Engine Size		Month Ending:	JULY 2017
Address:		Fuel Type (e.g. Petrol/Diesel)		Post Code:	

No of entry	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) (11)		
	(1)	(2)	(3)	(4)	(5)		(6)	Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)			
								Miles	Rate	£	p	£			p
							£	p	£	p	£	p			
07/7/17	HOME	8.30	12.40	GUILD HALL	STANDARDS COMMITTEE	41	45p	18	45	198	00	216	45		
/ /							45p								
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Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed:	216.45
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: 13/7/17	Signature of Co-opted Member:	Month Paid: _____
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