

# CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

<b>Co-opted Member Name:</b>	GARETH EVANS	<b>Vehicle Reg.</b>		<b>Month Ending:</b>	NOV 17
<b>Address:</b>		<b>Engine Size</b>		<b>Post Code:</b>	
		<b>Fuel Type</b> (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)			
								(7)	(8)	(9)	(10)	(11)			
															£
✓ 13/10/17	8:30	9:35	11:30	GUILDHALL	STANDARDS COMMITTEE	41	45p	18	45	198	00	216	45		
/ /	12:40	To include reading time						45p							
/ /							45p								
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/ /							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		216.45

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: 26/10/17 ..... Signature of Co-opted Member:

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

for payment 25/12/17