

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

18 JAN 2018

Co-opted Member Name:	GARETH EVANS		Vehicle Reg.	[REDACTED]	Month Ending:	JAN 2018	
Address:	[REDACTED]		Engine Size	[REDACTED]	Post Code:	[REDACTED]	
			Fuel Type (e.g. Petrol/Diesel)	[REDACTED]			

Date of setting	Start & End of Duty Place e.g. Home	Time of Meeting		Location (Place) of Duty e.g. Civic Centre	Description of Approved Duties Name of meeting please indicate with (C) if you Chaired the meeting	Travel Allowances				Co-opted Member Allowance Rate Set by IRPW (See Rates Below)	Totals (Column 9+10)		
		Start	End			Travel by own vehicle		Allowance Claimed (Column 7x8)			Totals		
						Miles	Rate	£	p		£	p	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)		(10)		(11)	
12/1/18	Home	8:40	11:35	Guildhall	Standards Committee	4.1	45p	18	45	99	50	117	45
/ /					Parking fee		45p	3	50			3	50
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						

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

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	Amount Claimed:	120 - 45
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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: [REDACTED]

Payroll No: _____

Date: 12/1/18 Signature of Co-opted Member: [REDACTED] Month Paid: _____