

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

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

| Co-opted Member Name: Michaela Jones | | Vehicle Registration Number & engine size: [REDACTED] | | Month Ending: 30/09/18 | | | | | | | | | |
|---|---|--|-----------------------------------|--|---|----------------------------------|-----|----|----|--------------------------------|----|-------------------------------------|----|
| Address: [REDACTED] | | Post Code: [REDACTED] | | | | | | | | | | | |
| Date of Meeting (1) | Start & End of Duty Place e.g. Home (2) | Time of Meeting Start (3) End (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) | | | | | | | |
| 14/09/18 | Home | 06.00 | 18.40 | Aberystwyth University | Standards Conference Wales 2018 | 90 | 45p | 40 | 50 | 198 | 00 | 238 | 50 |
| | | | | | <i>Note: travel claimed from home to HM Land Registry Swansea for lift with colleague to Aberystwyth Uni</i> | | | | | | | | |

| 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: | 238.50 |

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) An e-mail from the Co-opted Member will be accepted as a signature providing the name of the Co-opted Member is included.

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|---|---|
| Date 26/09/18 Signature of Co-opted Member <div style="background-color: black; width: 200px; height: 40px; margin-left: 100px;"></div> | For Office Use Checked by: [REDACTED] Payroll No: _____ Month Paid: _____ |
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