

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

- 1 MAR 2019

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name: Michaela Jones		Vehicle Registration Number & engine size: [REDACTED]		Month Ending: February 2019									
Address: [REDACTED]				Post Code: [REDACTED]									
Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting Start End (3) (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)			(9)		(10)					
						£	p	£	p	£	p	£	p
07 / 02 /2019	Home	08.30	12.00	Guildhall	Standards Committee Meeting	93	45p	41	85	198	00	239	85
07 / 02 / 2019					Car Parking		45p	3	00			3	00
06 / 02 /2019		18.00	19.00	Home	Preparation for meeting		45p						
							45p						
Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):											Amount Claimed: 242-85		
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							
<p>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.</p> <p>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.</p> <p>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.</p>											For Office Use Checked by: [REDACTED] Payroll No: _____		
Date 27/02/19 Signature of Co-opted Member [REDACTED]											Month Paid: _____		

for pynat 25/3/19