

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

19 DEC 2017

### CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

<b>Co-opted Member Name:</b> MIKE LEWIS		<b>Vehicle Registration Number &amp; engine size:</b> [REDACTED]		<b>Month Ending:</b> DEC 2017	
<b>Address:</b> [REDACTED]		<b>Post Code:</b> [REDACTED]			

(1)	(2)	Time of Meeting		(5)	(6)	Travel Allowances			Co-opted Member Allowance Rate		Totals (Column 9+10)		
		Start (3)	End (4)			Location (Place) of Duty e.g. Civic Centre	Travel by own vehicle		Allowance Claimed (Column 7x8)	Set by IRPW (See Rates Below)			
							Miles (7)	Rate (8)		£			p
15/12/17	SKRAM	10:00	11:00	CIVIC CENTRE	TRAINING WITH TRACEY MURPHY	7	45p	3	15	99		102	15
/ /	(HOME)						45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						

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

<b>Chair of Audit /Standards Cttee:</b> > 4 hrs = £256, < 4 hrs = £128	<b>Chair of Community/Town Council Standards Sub Cttee:</b> > 4 hrs = £226, < 4 hrs = £113	<b>Other Ordinary Co-opted Member:</b> > 4 hrs = £198, < 4 hrs = £99	<b>Amount Claimed:</b> 102-15
---	--	---	-------------------------------

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 provided [REDACTED] included.

Date: 17/12/17 Signature of Co-opted Member: [REDACTED]

**For Office Use**  
 Checked by: [Signature]  
 Payroll No: \_\_\_\_\_  
 Month Paid: \_\_\_\_\_