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

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

2 7 NOV 2018

Co-opted						I V a la tala					_			ะกเห	
Member Name:		MIKE LEWIS				Vehicle Reg.					Month Ending:		1	- 0	
Address:		22 4/13				Engine Size							NOV	2018	
Addiess.						Fuel Typ				Post Code:					
1 0/ 10						(e.g. Petrol)							1		
	Start & End of	Time o	of Meeting	Location (Place) of Duty	Description of Approved Duties		Travel Allowance		1		ted Member				
	Duty										Allow	vance Rate			
Date of Meeting	Place e.g. Home	Start	End	e.g. Civic Centre	Name of meeting	Mart to	Travel				Set	by IRPW	Т ,	Totals	
					please indicate with (C) if you Chaired the meeting		Veh Miles	icle Rate			(See Rates Below)				
(1)	(2)	(3) (4)		(5)	(0)						(See Nates Below)		(Colum	(Column 9+10)	
(' '	(-)	(3) (4)		(5)	(6)		(7)	(8)	(9) £ p		(10)		(11)		
16/11/18	HOME	10-	11:45	GUILDHAN	STANDARDS COM	TIME	6	45p	2	p	£	р	£	р	
//					PARKING	JI NI CE	۵	45p		70	90	7	101	70	
//								45p					3		
//								45p							
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Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRRW)).															
Onan Ora	Tudit/Otall	uai uo U	ucc.	Chair of Co	Difficulty/ Fown Council Standards Sub		Other Ordinary Co-opted Memb			or.	Amount				
	£256, < 4			Cttee: > 4 h	ors = £226, < 4 hrs = £113		\geq 4 hrs = £198, < 4 hrs = £99				Claimed:	101:- 10			
A) I declare that I have necessarily incurred expenditure on travelling and subsistence for the purpose of the little of of t															
												mice Use			
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.															
										JI NI-					
C) It using a private vehicle whilst on Council business. Co-Opted Members should ensure that they have a walld driving the second										Payro	oll No:				
D) An e-mail from the Co-costed Member will be															
moor to included.															
Date 24/1//8 Signature of Co-opted Member															
										Month Paid:					