

20 APR 2018

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

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

Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting		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			
		Start (3)	End (4)			Travel by own vehicle Miles (7)	Rate (8)	Set by IRPW (See Rates Below) (10)		Totals (Column 9+10) (11)			
								£	p	£	p	£	p
0/4/18	Home	9:35	11:35	GUILDHALL	STANDARDS COMMITTEE	22	45p	9	90	99	00	108	90
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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: 108.90

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) 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.

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

Date: 20/4/18	Signature of Co-opted Member: [REDACTED]	For Office Use
		Checked by: [REDACTED]
		Payroll No: _____
		Month Paid: _____