

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM 5 MAR 2018

Co-opted Member Name:	David Anderson-Thomas	Vehicle Reg.		Month Ending:	February 2018
Address:	[REDACTED]	Engine Size		Post Code:	[REDACTED]
		Fuel Type (e.g. Petrol/Diesel)			

(1)	Date of Meeting	(2)	Start & End of Duty		(5)	(6)	Travel Allowances				Co-opted Member Allowance Rate		Totals (Column 9+10)				
			Place e.g. Home	Start			End	Location (Place) of Duty e.g. Civic Centre	Description of Approved Duties Name of meeting please indicate with (C) if you Chaired the meeting	Travel by own vehicle		Allowance Claimed (Column 7x8)			Set by IRPW (See Rates Below)		
										Miles	Rate	£			p	£	p
	12/2/18	Home	1545	1815	Guildhall	Scrutiny Programme committee 2 ½ Hours including travel and 1 hours prep	0	0	0	0	99	00	99	00			
	13/2/18	Home	1330	1600	Guildhall	School Performance Panel 2hr including travel plus 1 hours prep	0	0	0	0	99	00	99	00			

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: 198.00

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 1/3/18..... Signature of Co-opted Member	For Office Use Checked by: _____ Payroll No: _____ Month Paid: _____
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