## Please, Submit claims within 3 months of duty with fuel VA1 receipt

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

Co-opted Member Name:		David Anderson-Thomas				Vehicle Reg.					Month	Ending:	g: Oct 2018	
Address:						Engine Size Fuel Type (e.g. Petrol/Diesel)				Post Code:				
	Start & End of Duty	Time of Meeting		Location (Place) of Duty	Description of Approved [	/Diesel) Travel Allowances				Co-opted Member Allowance Rate				
Date of Meeting	Place e.g. Home	Start	End	e.g. Civic Centre	Name of meeting please indicate with (C) if you Chaired the meeting		Travel veh Miles	by own icle	Claimed		Set by IRPW (See Rates Below)		Totals (Column 9+10)	
(1)	(2)	(3)	(4)	(5) (6)		(7)	(8)	(9) £   p		(10) £   p		(11) £   p		
8/10	Home	153 0	1800	Guildhall	Scrutiny Programme Comn	nittee	0	0	0	0	99	00	99	00
				nce Rates Chair of Co	I S (As set by the Independe ommunity/Town Council Standar	nt Remune	ration I	Panel f	or Wal	es (IRP	W)):	A		
		hrs = £128			hrs = £226, < 4 hrs = £113		Other Ordinary Co-opted Member > 4 hrs = £198, < 4 hrs = £99				Claimed		99.00	
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.									Check	Checked by: Payroll No:				
Date 31/	10/18 S	Signature	of Co-opt	ed Member			•••					Month	Paid:	