CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM – 3 DEC 2018

Co-opted Member Name:	David Anderson-Thomas					Vehicle Reg.				Month Ending:	Nov 18
Address:	██████████					Engine Size					
						Fuel Type (e.g. Petrol/Diesel)				Post Code:	██████

Date of Meeting (1)	Start & End of Duty — Place e.g. Home (2)	Time of Meeting — Start (3)	Time of Meeting — End (4)	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 by own vehicle — Miles (7)	Travel by own vehicle — Rate (8)	Allowance Claimed (Column 7x8) (9) £ p	Co-opted Member Allowance Rate — Set by IRPW (See Rates Below) (10) £ p	Totals (Column 9+10) (11) £ p
12/11/18	Home	16.00	18.00	Guildhall	Scrutiny panel	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:	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.

For Office Use ██████
Checked by: ██████
Payroll No: _____

Date 2/12/18...... Signature of Co-opted Member .... ██████████ .....

Month Paid: _____