

Please, Submit Claims within 3 months of duty with fuel / AT receipt

17 OCT 2019

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	ALEXANDER ROBERTS	Vehicle Registration Number & engine size:	[REDACTED]	Month Ending:	October
Address:	[REDACTED]			Post Code:	[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 (Column 9+10) (11)		
		Start (3)	End (4)			Travel by own vehicle		Allowance Claimed (Column 7x8) (9)	Set by IRPW (See Rates Below) (10)			
						Miles (7)	Rate (8)		£			p
1/8/19	work/home	4.30	6		Scrutiny Programme Committee	45	45p	99		99		
12/8/19	work/home	4.30			"		45p	99		99		
9/9/19	"	4.30			"		45p	99		99		
12/9/19	"	4	6		Scrutiny Performance Panel - Education		45p	99		99		
12/10/19	"	4	6		"		45p	99		99		
/ /							45p					
/ /							45p					
/ /							45p					
/ /							45p					
/ /							45p					
/ /							45p					

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed:
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	

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) 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: [Signature]

Payroll No: _____

Date: 17.10.19 Signature of Co-opted Member: [REDACTED] Month Paid: _____