

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<br>(1) | Start & End of Duty<br>Place e.g. Home<br>(2) | Time of Meeting |            | Location (Place) of Duty<br>e.g. Civic Centre<br>(5) | Description of Approved Duties<br>Name of meeting<br>please indicate with (C) if you Chaired the meeting<br>(6) | Travel Allowances     |             | Co-opted Member Allowance Rate           |  | Totals<br>(Column 9+10)<br>(11) |  |   |
|------------------------|---|-----------------|------------|--|---|-----------------------|-------------|--|--|---------------------------------|--|---|
|                        |   | Start<br>(3)    | End<br>(4) |  |   | Travel by own vehicle |             | Allowance Claimed<br>(Column 7x8)<br>(9) | Set by IRPW<br>(See Rates Below)<br>(10) |                                 |  |   |
|                        |   |                 |            |  |   | Miles<br>(7)          | Rate<br>(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  | 45                    | 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:<br>> 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:<br>> 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: [Signature] Month Paid: \_\_\_\_\_