

30 APR 2015

# CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

<b>Co-opted Member Name:</b> Gareth Evans		<b>Vehicle Reg.</b>		<b>Month Ending:</b> April 2015
<b>Address:</b>		<b>Engine Size</b>		<b>Post Code:</b>
		<b>Fuel Type</b> (e.g. Petrol)		

(1)	Start & End of Duty Place e.g. Home (2)	Start (3)	End (4)	(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)		
						Travel by own vehicle		Allowance Claimed (Column 7x8) (9)	Set by IRPW (See Rates Below) (10)				
						Miles (7)	Rate (8)		£	p			£
17/04/15	Home	8.30	13.00	Guildhall	Standards Committee	4.1	45p	18	45	99	00	117	45
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
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/ /							45p						
/ /							45p						

<b>Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):</b>			<b>Amount Claimed:</b> 117.45
<b>Chair of Audit /Standards Cttee:</b> > 4 hrs = £256, < 4 hrs = £128	<b>Chair of Community/Town Council Standards Sub Cttee:</b> > 4 hrs = £226, < 4 hrs = £113	<b>Other Ordinary Co-opted Member:</b> > 4 hrs = £198, < 4 hrs = £99	

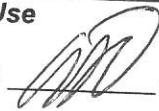
A) I declare that I have necessarily incurred expenditure on travelling and subsistence for the purpose of enabling me to perform approved duties as a Co-opted Member of this Authority and that I have actually and necessarily incurred the actual mileage in column 7 above. The amounts claimed are in accordance 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) 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: 28.04.15      Signature of Co-opted Member: 

Month Paid: \_\_\_\_\_