

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	David Anderson-Thomas	Vehicle Reg.		Month Ending:	May 19
Address:	[REDACTED]	Engine Size		Post Code:	[REDACTED]
		Fuel Type (e.g. Petrol/Diesel)			

Date of Meeting (1)	Start & End of Duty (2)	Time of Meeting (3) (4)		Location (Place) of Duty (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)	
	Place e.g. Home	Start	End	e.g. Civic Centre		Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)			
						Miles	Rate	£ p		£ p			
						(7)	(8)	(9)		(10)			
2/5/19	Home	103 0	11300	Guildhall	Workshop, scrutiny Panel	0	0	0	0	99	00	99	00
2/5/19	Home	153 0	1830	Guildhall	Schools Performance Panel	0	0	0	0	99	00	99	00
13/5/19	Home	153 0	1830	Guildhall	Scrutiny Panel meeting	0	0	0	0	99	0	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: 297.00

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: [REDACTED]

Payroll No: _____

Date 31/5/19..... Signature of Co-opted Member [REDACTED]	Month Paid: _____
---	-------------------