

Please, Submit claims within 3 months of duty with fuel VAT receipt

Fuel Receipt

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	GARETH EVANS	Vehicle Reg.		Month Ending:	MARCH 2016 <i>JE</i>
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

(1)	(2)	Time of Meeting		(5)	(6)	Travel Allowances				Co-opted Member Allowance Rate		Totals (Column 9+10)	
		Start	End			Travel by own vehicle		Allowance Claimed (Column 7x8)	Set by IRPW (See Rates Below)				
						Miles	Rate		£	p	£		
4/12/11	8.50	7.35		Grovehall	STANDARDS COMMITTEE	4.1	45p	18	45	99	00	117	4
18/2/21	Home	14.00	15.00	Home	Special Meeting		45p			99	00		
19/3/21	Home	9.55	11.00	Home	Regular meeting		45p			99	00		
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed: 198.00 <i>JE</i> 117.4
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) 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: DC

Payroll No: _____

Date <i>19/3/21</i>	Signature of Co-opted Member .. <i>[Redacted]</i>	Month Paid: _____
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