

Co-opted Member Name:		Michaela Jones			Vehicle Registration Number & engine size:		[REDACTED]		Month Ending:		31/07/2020	
Address:		[REDACTED]							Post Code:		[REDACTED]	
Date of Meeting (1)	Start & End of Duty	Time of Meeting		Location (Place) of Duty	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)		
	(2)	(3)	(4)	(5)		Miles	Rate	(9)		(10)		
		£	p	£	p	£	p	£	p	£	p	
30/07/20	Home	18.00	19.00	Home	Preparation for meeting		45p					
31/07/20	Home	10.55	11.25	Home	Standards Committee Special Meeting		45p			99	00	99 00
/ /							45p					
/ /					(attendance via MS Teams)		45p					
/ /							45p					
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:		99.00	
<p>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.</p> <p>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.</p> <p>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.</p>										For Office Use		
										Checked by: DC 04/08/20		
										Payroll No: _____		
										Month Paid: _____		
Date 04/08/2020 Signature of Co-opted Member [REDACTED]												