

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

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	Michaela Jones	Vehicle Registration Number & engine size:		Month Ending:	31/12/2020
Address:				Post Code:	

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) £ p	
	Place e.g. Home (2)	Start (3)	End (4)	e.g. Civic Centre (5)		Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)			
						Miles (7)	Rate (8)	£	p	£	p		
03/12/2020	Home	18.00	19.00	Home	Preparation for meeting								
04/12/2020	Home	10.00	10.45	Home	Standards Committee Meeting by Microsoft Teams					99	00	99	00
/ /													

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):										Amount Claimed:		99.00		
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							

<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	
	<p>Checked by: DC</p> <p>Payroll No: _____</p>	
<p>Date 23/12/2020 Signature of Co-opted Member</p>	<p>Month Paid: _____</p>	