

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:	Mrs Jill Burgess	Vehicle Registration Number:	[REDACTED]	Month Ending	July 2020
Address:	[REDACTED]				[REDACTED]

Date of Meeting	Start & End of Duty	Time of Meeting		Location (Place) of Duty e.g. Civic Centre	Description of Approved Duties Name of meeting please indicate with (C) if you Chaired the meeting	Travel Allowances				Co-opted Member Allowance Rate		Totals (Column 9+10)			
		Start	End			Travel by own vehicle		Allowance Claimed (Column 7x8)	Set by IRPW (7 Hours)						
						Miles	Rate		£	p	£			p	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)		(10)		£	p	(11)	
31/07/20	Home	10.00	10.55	Guildhall	Meet Tracey Meredith	10	45p	4	50					4	50
31 July 2020	Home	10.00	10.55	Guildhall Teams meeting	Standards Committee					128	00			128	00
														132	50

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:	132	50
				132	50

- 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) [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: _____

Date31 July 2020.....	Signature of Co-opted	[REDACTED]
		Month Paid: _____