CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:		Mrs Jill B	Burgess	i	Vehicle Registration Number:						Ending 31 st 20				
Address:									Post Code:						
Start & End of Duty		Time of Meeting		Location (Place) of Duty	Description of Approved Duties	Travel Allowances				Co-opted Member Allowance Rate					
Date of Meeting			End	e.g. Civic Centre	Name of meeting please indicate with (C) if you Chaired the meeting	Travel by own vehicle Allowa Miles Rate Claim		ned		oy IRPW Hours)		Totals (Column 9+10)			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		9) D	(10) £ p			(11) £ p		
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19/03/ 21	Home	10.00	11.15	Guildhall by (Teams)	Meet Tracey Meredith	10	45p	4	50				4	50	
19/ 03 2021	Home	10.00	11.15	<i>Guildhall Teams m</i> eeting	Standards Committee					128		00	128	00	
17/03/ 21	Home			To GuildHall Security Desk	<i>To collect print Paper copies of Report (350 pages)</i>	10	45p	4	50				4	50	
	Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):														
Chair of Audit /Standards Cttee:Chair of Community/> 4 hrs = $\pounds 256$, < 4 hrs = $\pounds 128$ Cttee: > 4 hrs = $\pounds 226$					wn Council Standards Sub < 4 hrs = £113	Other Ordinary Co-opted Memb > 4 hrs = £198, < 4 hrs = £99			er:		mount 137 laimed:		00		
A) I declare that I have necessarily incurred expenditure on travelling and subsistence for the purpose of enabling me to perform approved duties												For Office Use			
 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. \$\phi\$ 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 C	Checked by: DC Payroll No:			
Date20 March 2021 Signature of Co-opted Member											N	Month Paid:			