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

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted		David	I Anderso	on-Thomas	Vehicle Reg.		NA			Month Ending		ng: Jun 2020				
Member Name:				Engine S												
Address:						Fuel Typ	uel Type .g. Petrol/Diesel)				Post Code:					
	Start & End of Duty	Time of Meeting		Location (Place) of Duty	Description of Approved D	Travel Allowances				Co-opted Membe Allowance Rate						
Date of Meeting	Place e.g. Home	Start	End	e.g. Civic Centre	Name of meeting please indicate with (C) if you C meeting	Travel veh Miles		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)			Totals (Column 9+10)			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	£	9) p	(10) £ p			(11) £ p			
4/6/20	Home	113 0	1200	Remote via Teams	Extraordinary Scrutiny pane	0	0	0	0	9	99 00		99	00		
12/6/2 0	Home	140 0	1430	Remote via Teams	Scrutiny Pre Meeting	0	0	0	0	9	99 00		99	00		
16/6/2 020	Home	160 0	1730	Remote via Teams	Scrutiny Programme Comm	nittee	0	0	0	0	9	9	0	99	00	
Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):																
Chair of	Audit /Stan	dards Cttee: Chair of Co			ommunity/Town Council Standards Sub hrs = £226, < 4 hrs = £113		Other Ordinary Co-opted Member > 4 hrs = £198, < 4 hrs = £99					Amount Claimed:		297.00		
 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 28/	Date 28/6/20 Signature of Co-opted Member												Month Paid:			