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: Address:		David Anderson-Thomas				<u>Vehicle Reg.</u> Engine Size		NA			Month Ending:		Dec 2020		
						Fuel Typ	e	9				ode:			
	Start & End of Duty	Time of Meeting		Location (Place) of Duty	Description of Approved D	• • •		Travel Al	lowances			d Member Ince Rate			
Date of Meeting	Place e.g. Home	Start	End	e.g. Civic Centre	Name of meeting please indicate with (C) if you Chaired the 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 £) D	£ (10) D	(11) £ p		
16/11/ 20	Home	1600	1630	Remote via Teams	SPC Pre Meeting		0	0	0	0	99	00	99	00	
11/12/ 20	Home	1600	1630	Remote via Teams	SPC Pre Meeting		0	0	0	0	99	00	99	00	
15/12/ 20	Home	1600	1800	Remote via Teams	Scrutiny Programme Committee		0	0	0	0	99	00	99	00	
17/12/ 20	Home	1600	1730	Remote via Teams	Education Performance Panel		0	0	0	0	99	0	99	00	
Co-opted Member Allowance Rates (As set by the Independent RenChair of Audit /Standards Cttee:Chair of Community/Town Council Standards Sub> 4 hrs = £256, < 4 hrs = £128							Other Ordinary Co-opted Member: Am					Amount Claimed:			
as a claim B) I decl travel C) If usin comp	 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 17/	Date 17/12/20 Signature of Co-opted Member												Month Paid:		