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:		David Anderson-Thomas				Vehicle Reg.		NA			Month Ending:		Jan 2021		
Address:						Engine Size Fuel Type (e.g. Petrol/Diesel)				Post Code:					
Start & End of Duty		Time o	f Meeting	Location (Place) of Duty	Description of Approved Duties		Travel Allowances				Co-opted Member Allowance Rate				
Date of Meeting	Place e.g. Home	Start			Name of meeting please indicate with (C) if you C meeting	ndicate with (C) if you Chaired the		vehicle C		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		
18/1/21	Home	160 0	1630	Remote via Teams	SPC Pre Meeting										
19/1/21	Home	160 0	1800	Remote via Teams	Scrutiny Programme Comm	nittee					99	00	99	00	
21/1/21	Home	160 0	1730	Remote via Teams	Education Performance Pa	nel					99	0	99	00	
Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)): Chair of Audit /Standards Cttee: Chair of Community/Town Council Standards Sub Other Ordinary Co-opted Member:											Amount Claimed:				
 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. 												Check	For Office Use Checked by: DC Payroll No:		
Date 2/2/21 Signature of Co-opted Member												Month	Month Paid:		