

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: | | Alexander Roberts | | | Vehicle Registration Number & engine size: | | [REDACTED] | | Month Ending: | | 10/2020 | | |
|---|---------------------|-------------------|--|--------------------------|--|---|------------|-----------------------------------|----------------------|----------------------------------|------------------|-----------------------------|------------------|
| Address: | | [REDACTED] | | | | | | | Post Code: | | [REDACTED] | | |
| Date of Meeting | Start & End of Duty | Time of Meeting | | Location (Place) of Duty | 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) | |
| | Place e.g. Home | Start | End | e.g. Civic Centre | | Travel by own vehicle | | Allowance Claimed (Column 7x8) | | Set by IRPW (See Rates Below) | | | |
| | (1) | (2) | (3) | (4) | | (5) | Miles | Rate | (9) £ p | | (10) £ p | | (11) £ p |
| 13/07/20 | Home | 16:00 | 16:30 | MS Teams | <i>Pre-meeting Scrutiny Programme Committee</i> | | 45p | | | 99 | | 99 | |
| 14/07/20 | Home | 16:00 | 18:00 | MS Teams | <i>Scrutiny Programme Committee</i> | | 45p | | | 99 | | 99 | |
| 15/07/20 | Home | 14:00 | 15:30 | MS Teams | <i>Education Scrutiny Panel</i> | | 45p | | | 99 | | 99 | |
| 15/09/20 | Home | 16:00 | 18:00 | MS Teams | <i>Scrutiny Programme Committee</i> | | 45p | | | 99 | | 99 | |
| Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)): | | | | | | | | | | Amount Claimed: | | £396 | |
| 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 | | | | | | | |
| <p>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.</p> <p>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.</p> <p>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.</p> | | | | | | | | | | For Office Use | | | |
| Date 11/10/2020..... Signature of Co-opted Member [REDACTED] | | | | | | | | | | Checked by: _____ | | | |
| | | | | | | | | | | Payroll No: _____ | | | |
| | | | | | | | | | | Month Paid: _____ | | | |