

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:		11/2020				
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)					
		Miles	Rate			£	p	£	p						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)		(10)		(11)			
22/10/20	Home	16:00	16:30	MS Teams	Education Scrutiny Panel		45p			99		99			
17/11/20	Home	16:00	18:00	MS Teams	Scrutiny Programme Committee		45p			99		99			
19/11/20	Home	14:00	15:30	MS Teams	Education Scrutiny Panel		45p			99		99			
Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):															
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				Amount Claimed:		£297. 00	
<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			
												Checked by: <u>DC</u>			
												Payroll No: _____			
Date 11/10/2020.....												Signature of Co-opted Member [REDACTED]		Month Paid: _____	