i rease, outsime claims within a months of duty with fuel VA1 receipt

04 SEP 2015

## CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted			^		Vehicle Reg.					Month	Ending:						
Member Name: Address:		Je	nnife	er Gow	Engine Size				The state of the s		SEPT	2015					
							Fuel Type (e.g. Petrol/Diesel)				Post Code:			2010			
Data of	Start & Time of Meeting End of Duty  Date of Place e.g. Start End			Location (Place) of Duty	(Place) of Description of Approved Duties			Travel Allowances					ed Member ance Rate				
Meeting Home		Start	End	e.g. Civic Centre	Name of meeting please indicate with (C) If you Chaired the meeting		haired the	Travel by own vehicle		Allowance Claimed		Set	by IRPW	То	otais		
		(0)					Miles			(See Rates Below)		(Column 9+10)					
(1)	(2)		(3) (4) (5)		(6)		(7)	(8)	£	(9)   p			(11)				
04/09/15	Home.	8-40		Guildhall	Standards	Standards Committee		16	45p	7	20	99	00	£	р		
//		<u> </u>							45p		,	<del>  11</del>	- 00	106	20		
1/									45p						<del> </del>		
1/	<u> </u>								45p						<del> </del>		
11	-		<u> </u>						45p					<del> </del>	<del> </del>		
//									45p				· ·		<del> </del> -		
11								ļ	45p								
11							<del> </del>	45p									
//								├──	45p			<u> </u>					
Со-о	pted Me	mber	Allowa	nce Rate	E (Ac cot by the	Indonesia	4.5		45p		L	<u> </u>					
Chair of	Audit /Stan	dards C	ttee:	Chair of Co	S (As set by the	independe	nt Remune	ration	Panel f	or Wa	les (IRF	PW)):					
			hrs = £128 Chair of Community/Town Council Standar Cttee: > 4 hrs = £226, < 4 hrs = £113				as Sup	> 4  hrs = £108 < 4  hrs = £00					Amount	106	20		
A) I decl	A) I declare that I have necessarily incu				Curred expenditure on travelling at the second						7 4 1113 - 2190, 7 4 1115 - 299 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.  Signature of Co-opted Member											Chec	Checked by:  Payroll No:					
Date .0.4 [ 0.6 ] Signature of Co-opted Member								Month Paid:									

riease, Submit claims within 3 months of duty with fuel VA1 receipt

## CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opt	ed					137 11 1						7 0	UPY	
	r Name:	1-		CC0 0	Saver	<u>venicie i</u>	Vehicle Reg.				Month Ending:		U	
		-16	コンク	FER (	JUMES	Engine S	Engine Size						Nov 2015	
Address:						Fuel Type				Post C	ode:			
						(e.g. Petrol/l								
Start & End of		Time or Meeting		Location (Place) of	5			Travel Allowances			Co-opt	ad Member	+	
Duty				Duty	Description of Approved Duties						Allow	ance Rate	1	
Date of Meeting	Place e.g. Home	Traine of Heefilia		g	Travel	by own Allowance			Set	hy IRPW	Totale			
meeung	поте			Centre	please indicate with (C) if you Chaired the meeting		vehicle		Claimed					
(4)					meeting		Miles	Rate (Column 7x8)		(See Rates Below)		(Column 9+10)		
(1)	(2)	(3)	(4)	(5)	(6)		(7)	(8)			(10)		(11)	
13/11/15	Home	8 40	12/20 V	200 Guidtall Standards Comm Mtg V				45	3	р	£	Р	£	<u>ј′</u> р
//	7,07	0 -10		SMOTERLE	Standard's Com	~ Mtg ~	16			20	99	00	106	20
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11										<u> </u>	<u> </u>		<u> </u>	
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//								45n		<del> </del> -	+		<del></del>	
Co-o	pted Me	mber	Allowa	nce Rate	S (As set by the Indepen	dent Pemune	rotion	Donal 6	- W-1	L - (110)	nan T		1	
Chair of	Audit /Stan	dards C	ttee:	Chair of Co	ommunity/Town Council Stand	derit Kemune	Other	Panel I	Or wa	es (IKF	'VV)):	l		
> 4 hrs :	= £256, < 4	hrs = £	128	Cttee: > 4	hrs = £226, < 4 hrs = £113	adido odp	> 4 hrs	S = £198	- CO-Opt	ea memi	er;		106	20
A) I dec	are that I ha	ve nece:	ssarily inc	urred expendit	ure on travelling and subsistens	e for the purpose	4							
								nng me t e in colur	ю репог nn 7 ah	m approv	/ed dutie	s   For C	)ffice Use	
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.										ked by:	0			
travelling or subsistence expenses in connection with the duties indicated above.									ent for					
(C) IT usi	ng a private	venicle v	Minist on C	ouncil busines	ss. Co-Onted Members should a	have a va	ave a valid driving licence, MOT and					Payroll No:		
											ariu			
				el Mili De acce	pted as a signature providing th	e name of the Co	o-opted N	Member i	s include	ed.				
Date	3-11-	2015	<u> </u>	Signature of 6	Co-opted Member									
				<u> </u>	oo-opted interriber				Post Code:  Tivel Allowances  Co-opted Member Allowance Rate  Own Allowance Claimed (Column 7x8) (See Rates Below) (Column 9+1  (8) (9) (10) (11) (11) (11) (11) (11) (11) (11					
		-												

## CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

22 JAN 2016

Co-opto	ed	_				Malatala						L Mary	10111	1
Member Name:		TE		<u>Vehicle</u>	e Reg.				Month Ending:		F F 1 2			
Address:		JENNIFER GOMES				Engine S	Engine Size						JAN 2016	
Addies	3,	1				Fuel Type					Post C	ode:		
							(e.g. Petrol/Diesel)							
	Start & Time or insetting		(Place) of	ocation			Travel Allowances			Co-opted Member		-		
_	Duty			(Place) of Description of Approved Duty		Dutles					Allowance Rate			
Date of Meeting	Place e.g. Home	Start			Name of meeting		Travel by own		own Allowance		Set by IRPW		Tetala	
meeting nome				Centre please indicate with (C) if you		Chaired the Mile		nicle Claimed		Set by IRPW		10	Totals	
/4\	40   60   61			meeting			Rate	(Column 7x8)		(See Rates Below)		(Column 9+10)		
(1)	(2)	(3) (4)		(5)	(6)			(8)	(9)		(10)		(11)	
4/12/15	Home	8.40		Guldhall					£ p		<u>£</u> p		£ () p	
22/01/16	Home			Conduct	Standards Com	ittee	16	45p	7	30	99	00	106	20
//		0 40		CWI CONH	Stendowd! Com	nittee_	17	45p	1	.65	99	00	I (06	165
11							ļ	45p						
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//								45p						<u> </u>
Co-o	pted Me	mber	Allowa	nce Rates	S (As set by the Independ	o=4 Do-	41 4	45p			Ļ			
Chair of	Audit /Stan	dards C	ttee:	Chair of Co	ommunity/Town Council Standa	ent Kemune	ration i	Panel f	or Wal	es (IRF	W)):			
> 4 hrs :	> 4 hrs = £256, < 4		128	Cttee: > 4				Other Ordinary Co-opted Member: > 4 hrs = £198, < 4 hrs = £99				Amount	212-	- 85
A) I decl	are that I ha	ve nece:	ssarily inc	urred expendite	uro on travalling and substate	Son Alexander						Claimed:	0.0	00
as a	Co-opted Me	ember of	this Author	ority and that I	have actually and necessarily inceed by the Independent Popular	or the purpos	e of enab al mileace	ling me t	o perfori	m approv	ed dutie	s For (	Office Use	
B) I deci	ed are in ac	cordance	e with the	rates determine	ed by the Independent Remuner	ation Panel for	Wales.	in colui	IIII 7 ADC	ve. The	amounts	S Chec	ked by:	8
trave	ling or subs	istence e	evous curs	n connection w	xcept as shown above I have no	t made, and wil	I not mak	e, any cl	aim und	er any er	actment	for		
C) If usi	ng a private	vehicle v	whilst on C	Cuncil husines	s Co-Onted Mombars should a		have a va	lid debuis	a liaana	- MOT -			oll No:	
D) An a	rehensive v	ehicle in	surance s	pecifically inclu	iding business and commuting u	se.	iiave a va	iiid di (VIII	y licence	s, MUI a	ına			
D) Aire	THE HOLLE	ie Co-op		er will be accep	pted as a signature providing the	name of the C	o-opted N	lember i	s include	ed.		ł		
Date	22-01	-201	6	Signature of C	Co optod Marsh								<u> </u>	
	Date 22-01-2016 Signature of Co-opted Member								Mont	. Month Paid:				
												L		

## CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM Co-opted Vehicle Reg. Month Ending: Jennifer Comes **Member Name:** Hard 2016 **Engine Size** Address: Post Code: **Fuel Type** (e.g. Petrol/Diesel) Start & Time or meeting Location Travel Allowances End of Co-opted Member (Place) of **Description of Approved Duties Allowance Rate Duty** Duty Place e.g. Date of Start End e.g. Civic Name of meeting Travel by own Allowance Meating Set by IRPW Home **Totals** Centre please indicate with (C) if you Chaired the vehicle Claimed meetina Miles (Column 7x8) Rate (See Rates Below) (Column 9+10) (1) (2) (3) (4) (5) (7) (8) (10)(11)4/3/16 Home Standards Meeting buildhall 45p 20 45p 45p 45p 45p 45p 45p 45p 45p 45p 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** > 4 hrs = £256. < 4 hrs = £128 F106-20 **Cttee**: > 4 hrs = £226, < 4 hrs = £113> 4 hrs = £198. < 4 hrs = £99Claimed: ≸ 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 For Office Use claimed are in accordance with the rates determined by the Independent Remuneration Panel for Wales. Checked by: 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 Payroll No: 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. Date 04/03/2016 Signature of Co-opted Member ... Month Paid: \_\_\_\_