## CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM 1 8 JUL 2014

	Co-opted					Vehicle Reg.					Month End		. ,		
	r Name:	JE	MMIF	ER GO	MES	Engine S	Size							07/-	2014
Addres	s:					Fuel Typ					Post 0	Code	):	•	
						(e.g. Petrol/Diesel)								_	
	Start & End of	1	f Meeting	Location (Place) of	Description of Approved Duties			Travel Allowances				Co-opted Mo Allowance			
	Duty	9.	30 am	Duty	Bescription of Approved B	ducs					Allow	vance Rate			
Date of Meeting	Place e.g. Home	Start	End	e.g. Civic Centre	Name of meeting please indicate with (C) if you C	haired the		Travel by own vehicle		wance imed	Set	by IRPW		Totals	
weeting	поше			Centre	meeting	maireu me	Miles	Rate		nn 7x8)	(See Rates Beld		Below)	elow) (Column 9+10)	
(1)	(2)	(3)	(4)	(5)	(6)		(7)	(8)		ω,	1			(11)	
(1)	(2)	(3)	(4)	(3)	(6)		(7)	(0)	£	9)   p	£	(10) 	, b	£	р р
18/7/14	Home	8:40		CIVIC	STANDARDS COMMIT	TEE	17	45p	7	65	99		00	106	65
//				CENTRE	2			45p			, .				
//								45p	и						
//						C. Xulk vo. Agencia. Agencia		45p							
//					Acres repair 1 to 100 miles and 100 miles			45p							
//								45p					-		
//								45p				-			
//					· · · · · · · · · · · · · · · · · · ·			45p							
//								45p							
//				L				45p				┩.			
					S (As set by the Independe							١.			. /
-	Audit /Stan				ommunity/Town Council Standard	ds Sub Other Ordinary Co-opted Member: > 4 hrs = £198, < 4 hrs = £99						nount	106	65	
	£256, < 4				hrs = £226, < 4 hrs = £113								aimed:		
					ure on travelling and subsistence for								For O	ffice Use	17
					have actually and necessarily incued by the Independent Remuneration			e in colur	nn / abo	ove. The	amount	S	Check	ed by:	4/
B) I decla	are that the	stateme	nts above	are correct. E	xcept as shown above I have not r			e, any cl	aim und	er any en	actment	for		- 0-3	<i>V</i>
					with the duties indicated above.	una tha tha un h		مان العالم المانا	U	- MOT -			Payrol	l No:	
					ss, Co-Opted Members should ensi iding business and commuting use		iave a va	ila arivin	glicenc	e, MOT a	na				
					pted as a signature providing the n		o-opted M	lember is	s include	ed.					
10 6 7 2 441												Month Paid:			
Date	Date 18-67-2014 Signature of Co-opted Member												Month	Paid:	

#### CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM 1 SEP 2014

Co-opted						Vehicle I	Reg.		*	-		Ending:					
	r Name:	Jennifer Gomes						Size				08	-2014				
Addres	S:						L ANALOGO II COMMING					Post C	Code:				
		1					Fuel Typ (e.g. Petrol/					i					
	Start &	Time o	of Meeting	Location					Travel Al	lowance	s	Co-opt	ted Member	1			
	End of Duty			(Place) of Duty	Description of Approved Duties							Allow	vance Rate	1			
Date of	Place e.g.	Start End e.g. Civic			Name of meeting			Travel by own		own Allowance		Set	by IRPW	<del>Т</del> ,	Totals		
Meeting	Home			Centre	please indicate w		haired the	veh		Cla	imed		_				
						neeting		Miles	Rate	(Colu	mn 7x8)	(See R	Rates Below)	s Below) (Colur			
(1)	(2)	(3)	(4)	(5)		(6)		(7)	(8)		(9)		(10)	(1		•	
26. 1001	11 .					J 1			£	р	£	р	£	∫ p			
29/08/14	Home	8-401	0.30	Civic Contre	Standards	Commil	Hel	17	45p	7	65	99	00	106	65		
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11		-							45p								
11									45p								
11									45p								
11	****								45p								
11									45p						-		
11									45p								
Coo	atad Ma		Allerra	maa Dataa					45p								
Co-o	oted ivie	mber	Allowa	nce Rates	(As set by the I	ndepender	nt Remune	ration F	Panel f	or Wal	es (IRP	W)):		1			
	Audit /Stan £256, < 4				mmunity/Town Cou	ls Sub	The second secon					Amount	£106.6	5			
					nrs = £226, < 4 hrs					A R RESERVE	200 100000000000		Oldinica.	produc			
A) I decla	are that I ha	ve neces	ssarily incu	urred expenditu	ire on travelling and s	subsistence fo	r the purpose	of enabl	ing me to	perfori	m approv	ed duties	s For C	ffice Use	ハノつ		
claime	ed are in acc	cordance	with the r	and that in	nave actually and nec ed by the Independen	essarily incur t Remuneration	red the actua	l mileage Nales	in colum	nn / abc	ve. The	amounts	S Charl	ked by:	101		
B) I decla	are that the	statemer	nts above	are correct. Ex	cept as shown above	e I have not m	nade, and will	not make	e, any cla	aim unde	er anv en:	actment	for	ked by:	PN.	-	
<ul> <li>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.</li> <li>C) If using a private vehicle whilst on Council business, Co-Opted Members should ensure that they have a valid driving licence, MOT and</li> </ul>									Payro	II No:							
compr	g a private v ehensive ve	hicle ins	villist on C surance sr	ouncii busines: ecifically inclu	s, Co-Opted Member ding business and co	s should ensu	re that they h	ave a val	lid driving	g licence	e, MOT ar	nd				,	
D) An e-r	nail from the	e Co-opt	ed Membe	er will be accep	ted as a signature pr	oviding the na	me of the Co	-opted M	ember is	include	d.						
Date 2	9-08-2	014		Signature of C	o-onted Member												
manufactures (CS)	Date 29-08-2014 Signature of Co-opted Member									Month	Month Paid:						

# CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM 21 NOV 2014

Co-op	-					Vehicle Reg.					Month Ending:		Νω.	2011		
Membe	r Name:	JE	MNIF	ER GOI	MES	Engine S	ize						Nou :	2014		
Addres	s:				Fuel Type (e.g. Petrol/Die						Post Co	50 900000 S				
	Start & End of Duty	Time of Meeting Location (Place) of Duty			Description of Approved Duties			Travel All	owance	8	Allowa	ed Member ance Rate				
Date of Meeting	Place e.g. Home	Start	End	e.g. Civic Centre	Name of meeting please indicate with (C) if you C meeting	haired the	Travel to vehicles	-	Allowance Claimed (Column 7x8)			oy IRPW ates Below)		tals nn 9+10)		
(1)	(2)	(3)	(4)	(5)	(6)			(8)	£ (	9) p	£ (	(10)   p	p £ (11)			
23/10/14	Home	13.40	18-10	Civicled	E Safeguarding Train	ing	17	45p	7 _	65	198		205	65 U		
d+ 14 44	-11-	16 10	18.45		Aitendance Council	Meeting	17_	45p	7	-65	99	-00-	106	65		
21/11/14	i	08-10		И	Standards Meeting	7 ()	17	45p	_7_	6.5	99	00	106	65		
11								45p								
//								45p								
//					*			45p								
//			9					45p								
11						The Management of the Control of the		45p						-		
//								45p								
//								45p								
Co-o	pted Me	mber	Allowa	nce Rates	6 (As set by the Independe	nt Remune	ration	Panel f	or Wal	es (IRP	W)):		20			
	Audit /Stan				mmunity/Town Council Standard		Other (	Ordinary	Co-opt	ed Memb	er:	Amount	312	· 30		
> 4 hrs	= £256, < 4	hrs = £	128	Cttee: > 4	nrs = £226, < 4 hrs = £113		> 4 hrs	s = £198	s, < 4 hr	s = £99		Claimed:				
as a	Co-opted Me	ember of	this Author	ority and that I	ure on travelling and subsistence f	rred the actua	ıl mileage	oling me t e in colur	o perfor nn 7 abo	m approv	ed duties amounts	, l	Office Use	1A)		
claim	ned are in ac	cordance	e with the	rates determin	ed by the Independent Remunerat xcept as shown above I have not r	ion Panei for t	/vaies. not mak	e anv cl	aim und	er anv en	actment		keu by. Z			
trave	lling or subs	istence e	expenses i	n connection w	vith the duties indicated above.							Payro	oll No:			
C) If usi	ng a private	vehicle v	whilst on C	ouncil busines	s, Co-Opted Members should ens	ure that they h	nave a va	alid drivin	ig licenc	e, MOT a	nd					
comp	orehensive v	ehicle in	surance s	pecifically inclu er will be accer	ding business and commuting use oted as a signature providing the n	e. same of the Co	o-onted N	/lember i	s include	ed						
D) Alle	-maii nom ti		ica Memb	Ci wiii be dece	oted do d orginatare providing the h		- Sp. 100 II									
Date 2	1.11.201	4		Signature of 0	Co-opted Member			******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Mont	Month Paid:			

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

09 JAN 2015

	Co-opted				Vehicle I	Reg.		6°		Month E	nding:	31.00 To 10.00		
	r Name:	Je	NNI,	rek e	SOMES	Engine S	Size	5				TANK STOLEN NO.	JAN	2015
Addres	s:					Fuel Typ					Post Co	de:		
		_			(e.g. Pet									
	Start & End of	Time o	ı weeting	Location (Place) of	Description of Approved Duties			Travel All	owance	S	Co-opted			
Date of	Duty	Ctord	F	Duty							Allowance Rate			
Meeting	Place e.g. Home	Start	End	e.g. Civic Centre	Name of meeting please indicate with (C) if you	Chaired the		el by own Allowance ehicle Claimed		Set by IRPW		Totals		
					meeting		Miles	Rate		nn 7x8)	(See Rate	es Below)	Below) (Colum	
(1)	(2)	(3)	(4)	(5)	(6)		(7)	(8)	C	9)	(1	0)	(11)	
7/2/1	1/	2 1/2							£	p	£	p	£	',' р
26/11/14	Home	2.15	5.15	Civic Cen	te In severce training	ng	17	45p	7	65	99	00	106	65-1
9/1/10	Home	Sein	11-10		Le Standaids 6		1-1	45p		, , , , , ,	0.0			
//	Home	0.4	11.70	wic an	ne Standaids Co	inen	17	45p 45p	7	65	99	00	106	65 4
//								45p 45p						
11								45p						
//							<del></del>	45p						
//								45p						
//								45p						
//								45p					<u> </u>	
Co-o	pted Mei	mber	Allowa	nce Rates	S (As set by the Independe	nt Remune	ration I	Panel f	or Wal	es (IRP	W)):		,	
Chair of	Audit /Stanc	ards Ci	itee:	Chair of Co	mmunity/Town Council Standa	ds Sub	Other Ordinary Co-opted Member:					Mount	1213	30
	£256, < 4				nrs = £226, < 4 hrs = £113		> 4 hrs	=£198	, < 4 hrs	s = £99		Claimed:	2000	
A) I decla	are that I have	ve neces	sarily incu	urred expenditu	ure on travelling and subsistence	for the purpose	of enab	ling me to	perforr	n approv	ed duties	For O	ffice Use	
asac	o-opted Me	mber or	uns Autho	only and that I i	have actually and necessarily incleded by the Independent Remunera	irred the actua	l mileane	in colum	nn 7 abo	ve. The	amounts			n)
B) I decla	are that the s	statemer	nts above	are correct. Ex	xcept as shown above I have not	made, and will	ivales. Inot mak	e. anv cla	aim unde	er anv en	actment fo	Check	ed by:	10
tiavei	ing or subst	stence e	xpenses ii	n connection w	IIII the duties indicated above							Payrol	l No:	
comp	rehensive ve	hicle w	uniist on C surance sp	ouncii busines secifically inclu	s, Co-Opted Members should ensigned business and commuting use	sure that they h	nave a va	ilid driving	g licence	e, MOT a	nd		· ·	
D) An e-i	mail from the	Co-opt	ed Membe	er will be accep	oted as a signature providing the i	name of the Co	o-opted M	1ember is	include	d.				I
	9-1-	-			Co-opted Member							. Month	Paid:	

### CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM 1 3 FEB 2015

Co-opt	ed				O C Vehicle R						T 80 - 11 -	- II			
Membe	r Name:	JEN	INIFÉ	ER GON	1F.5						Month	Enaing:	for 1	2015	
Address:						Engine S	Size				D 10		feb o	2015	
	2					Fuel Typ					Post Co	ode:			
	Start &	+			(e.g. Petrol/Die										
	End of			(Place) of	Description of Approve	ed Duties		Travel Al	lowance	S		d Member			
Date of	Duty Place e.g.	Start	End	Duty e.g. Civic						Allowa	ince Rate				
Meeting	Home	otart	Lilu	Centre	Name of meetin please indicate with (C) if vo	Name of meeting Tr please indicate with (C) if you Chaired the				wance imed	Set by IRPW		Totals		
					meeting		Miles	icle Rate		nn 7x8)	(See Ra	tes Below)	(Colum	(Column 9+10)	
(1)	(2)	(3)	(4)	(5)	(6)	(6)						,		0141111 9 1 10)	
12 / //		(0)				(7)	(8)	£	9) l p	£	10) I p	0)			
13/02/15	Heme	8.40 Giric Centra Standards Committee					17	45p	7	65	99	00	106		
//								45p		0.5	17	00	106	65	
//								45p							
//								45p					Stand Control of the		
//								45p							
11								45p							
11								45p							
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//								45p							
Co-o	nted Mo	mbor	Allowe	noo Potos				45p							
Chair of	Audit /Stan	darde Ct	too	Chair of Co.	(As set by the Independ mmunity/Town Council Stand	dent Remune	ration I	Panel f	or Wal	es (IRP	W)):				
	£256, < 4	aurus ot	LCC.	Chan of Co	lards Sub	Other Ordinary Co-opted Member: Amount > 4 hrs = £198, < 4 hrs = £99 Claimed:						106	65.		
		CONTRACTOR OF THE PARTY OF THE	CONTRACTOR OF THE PARTY OF	Ottee. > 41	nrs = £226, < 4 hrs = £113		> 4 hrs	= £198	, < 4 hrs	s = £99		Claimed:	100		
					ire on travelling and subsistence			ling me to	perforr	m approv	ed duties	For O	ffice Use		
claime	ed are in acc	cordance	with the	rates determine	ed by the Independent Remune	ration Panel for \	i mileage Nales	in colum	nn 7 abo	ve. The	amounts		/	1841	
D) Tuccia	are triat trie	statemen	its above	are correct. Ex	(Cent as shown above I have no	ot made, and will	not make	e, any cla	aim unde	er anv en:	actment fo	Check	ed by:	910.	
C) If usin	g a private	vehicle w	hilst on C	n connection w	ith the duties indicated above.  S, Co-Opted Members should e	movine that the last				,		Payrol	l No:		
											nd				
D) An e-r	mail from the	e Co-opte	ed Membe	er will be accep	ted as a signature providing the	e name of the Co	opted M	lember is	include	d.					
12 -2 2:16												+			
Date 1.3-02-2015 Signature of Co-opted Member							• • • • • • • • •					Month	Paid:		
						branco de				-			1000		

. 19490, Submit Siams within 3 months of duty with fuel VAT receipt

### CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM 17 APR 2015

Co-opte Membe		JE	HNIFE	ER GOD	1ES	Vehicle F					Month E	Ending:	04/3	2015
Address	s:					Fuel Typ	<u>e</u>				Post Co	ode:		
	Start & End of Duty	Time of	f Meeting	Location (Place) of Duty	Description of Approv	of Approved Duties Travel Allowances						d Member nce Rate		
Date of Meeting	Place e.g. Home	Start	End	e.g. Civic Centre	Name of meeti please indicate with (C) if y meeting		Travel I vehi Miles		Allowance Claimed (Column 7x8)			y IRPW tes Below)		
(1)	(2)	(3)	(4)		(7)	(8)	£	9) p	£	10)   p	(11) £ p			
17/04/15	Home	8.40	11.30	Guldhall	Standards Comm	rittee May	16	45p	7	20	99	00	106	20 V
//						J		45p						
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//		AND THE PERSON						45p						
Co-o	pted Me	mber	Allowa	ance Rates	s (As set by the Indepe	ndent Remune	ration	Panel f	or Wal	es (IRF	PW)):			
Chair of	Audit /Stan	dards C	ttee:	Chair of Co	mmunity/Town Council Star	ndards Sub							101	25
> 4 hrs	=£256, < 4	hrs = £	128				> 4 hrs = £198, < 4 hrs = £99 Claimed:							20
as a claim B) I dec trave C) If usi comp D) An e														
Date	7-04-	015		Signature of (	Co-opted Member							Mont	h Paid:	