

28 JUL 2014

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

<b>Co-opted Member Name:</b> Clive WATSON		<b>Vehicle Reg.</b>	<b>Month Ending:</b> July '14
<b>Address:</b>		<b>Engine Size</b>	
		<b>Fuel Type</b> (e.g. Petrol/Diesel)	
		<b>Post Code:</b>	

(1)	(2)	Time of meeting		(5)	(6)	Travel Allowances				Co-opted Member Allowance Rate		Totals (Column 9+10)			
		Start	End			Location (Place) of Duty e.g. Civic Centre	Description of Approved Duties Name of meeting please indicate with (C) if you Chaired the meeting	Travel by own vehicle		Allowance Claimed (Column 7x8)				Set by IRPW (See Rates Below)	
								Miles	Rate	£	p			£	p
18/7/14	Home	9.30	11.00	C Centre	Standards Committee	4	45p	1	80	99	00	100	80		
23/7/14	Home	3.30	5.00	C Centre	Training Day	4	45p	1	80	99	00	100	80		
/ /							45p								
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Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed: £ 201.60
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	

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 of the Co-opted Member is included.

Date: 24/7/14 Signature of Co-opted Member: \_\_\_\_\_

**For Office Use**  
 Checked by: *[Signature]*  
 Payroll No: \_\_\_\_\_  
 Month Paid: \_\_\_\_\_

# CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

05 SEP 2014

<b>Co-opted Member Name:</b>	<i>Chive Watton</i>	<b>Vehicle Reg.</b>		<b>Month Ending:</b>	<i>August</i>
<b>Address:</b>		<b>Engine Size</b>		<b>Post Code:</b>	<i>SA2 0QG</i>
		<b>Fuel Type</b> <small>(e.g. Petrol/Diesel)</small>			

(1)	(2)	(3)	(4)	(5)	(6)	Travel Allowances				Co-opted Member Allowance Rate		Totals	
						Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)		Totals (Column 9+10)	
						Miles	Rate	£	p	£	p	£	p
<i>5/8/14</i>	<i>Home</i>	<i>9.30</i>	<i>12.00</i>	<i>C.C</i>	<i>Training Day</i>	<i>4</i>	<i>45p</i>	<i>1</i>	<i>80</i>	<i>99</i>	<i>00</i>	<i>100</i>	<i>80</i>
<i>29/8/14</i>	<i>Home</i>	<i>9.30</i>	<i>10 am</i>	<i>CC</i>	<i>Standards Comm.tee</i>	<i>4</i>	<i>45p</i>	<i>1</i>	<i>80</i>	<i>99</i>	<i>00</i>	<i>100</i>	<i>80</i>
<i>/ /</i>							<i>45p</i>						
<i>/ /</i>							<i>45p</i>						
<i>/ /</i>							<i>45p</i>						
<i>/ /</i>							<i>45p</i>						
<i>/ /</i>							<i>45p</i>						
<i>/ /</i>							<i>45p</i>						
<i>/ /</i>							<i>45p</i>						
<i>/ /</i>							<i>45p</i>						

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):				Amount Claimed: <i>201.60</i>
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		

- 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 busi
- D) An e-mail from the Co-opted Member will be accepted as a

Member is included.

**For Office Use**

Checked by: *[Signature]*

Payroll No: \_\_\_\_\_

Date <i>1/9/14</i>	Signature of Co-opted Member	Month Paid: _____
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**CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM**

27 OCT 2014

<b>Co-opted Member Name:</b>	<u>Chive Walton</u>	<u>Vehicle Reg.</u>		<b>Month Ending:</b>	<u>OCTOBER</u>
<b>Address:</b>		<u>Engine Size</u>		<b>Post Code:</b>	
		<u>Fuel Type</u> (e.g. Petrol/Diesel)			

Date of Meeting  (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting Start End (3) (4)		Location (Place) of Duty e.g. Civic Centre (5)	Description of Approved Duties  Name of meeting please indicate with (C) if you Chaired the meeting (6)	Travel Allowances				Co-opted Member Allowance Rate		Totals (Column 9+10)  (11)	
		Travel by own vehicle				Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)					
		Miles	Rate										
		(7)	(8)			£	p	£	p				
10/10/14	HOME	9.30	11.20	C.C.	STANDARDS	4	45p	1	80	99	00	100	80
23/10/14	HOME	2.30	4.30	CC	TRAINING - safeguarding	4	45p	1	80	99	00	100	80
/ /							45p						
/ /							45p						
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Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			<b>Amount Claimed:</b> <u>201.60</u>
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	

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 provided the name of the Co-opted Member is included.

**For Office Use**

Checked by: [Signature]

Payroll No: \_\_\_\_\_

Date <u>24/10/14</u>	Signature of Co-opted Member <u>[Signature]</u>	Month Paid: _____
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CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

21 NOV 2014

Co-opted Member Name: <u>Chire WATSON</u>	Vehicle Reg. ....	Month Ending: <u>NOVEMBER</u>
Address:	Engine Size ..	Post Code:
	Fuel Type (e.g. Petrol/Diesel) ..	

(1) Date of Meeting	(2) Start & End of Duty Place e.g. Home	(3) Time of Meeting		(5) Location (Place) of Duty e.g. Civic Centre	(6) Description of Approved Duties Name of meeting please indicate with (C) if you Chaired the meeting	(9) Travel Allowances			(10) Co-opted Member Allowance Rate		(11) Totals		
		(3) Start	(4) End			(7) Travel by own vehicle		(9) Allowance Claimed (Column 7x8)		(10) Set by IRPW (See Rates Below)		(11) (Column 9+10)	
						(7) Miles	(8) Rate	£	p	£	p	£	p
20/11/14	Home	9am	10.45	CC.	STANDARDS BOARD	4	45p	1	80	99	00	100	80
/ /							45p						
/ /							45p						
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Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed: <u>£100.80</u>
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	

- 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.

**For Office Use**

Checked by: [Signature]

Payroll No: \_\_\_\_\_

Month Paid: \_\_\_\_\_

Date 20/11/14 Signature of Co-opte .....

**CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM** 16 DEC 2014

<b>Co-opted Member Name:</b>	CHIVE WALTON	<b>Vehicle Reg.</b>		<b>Month Ending:</b>	December
<b>Address:</b>		<b>Engine Size</b>		<b>Post Code:</b>	
		<b>Fuel Type</b> (e.g. Petrol/Diesel)			

Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting		Location (Place) of Duty e.g. Civic Centre (5)	Description of Approved Duties Name of meeting please indicate with (C) if you Chaired the meeting (6)	Travel Allowances				Co-opted Member Allowance Rate		Totals (Column 9+10) (11)	
		Start (3)	End (4)			Travel by own vehicle		Allowance Claimed (Column 7x8) (9)	Set by IRPW (See Rates Below) (10)				
						Miles (7)	Rate (8)		£	p	£		
4/12/14	Home	5pm	6pm	C.C.	Training - Defamation	4	45p	1	80	99	00	100	80
/ /							45p						
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<b>Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):</b>			<b>Amount Claimed:</b> £100.80
<b>Chair of Audit /Standards Cttee:</b> > 4 hrs = £256, < 4 hrs = £128	<b>Chair of Community/Town Council Standards Sub Cttee:</b> > 4 hrs = £226, < 4 hrs = £113	<b>Other Ordinary Co-opted Member:</b> > 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) 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.</p> <p>D) An e-mail from the Co-opted Member will be accepted as a signature if the member is included.</p>	<p><b>For Office Use</b></p> <p>Checked by: </p> <p>Payroll No: _____</p>
<p>Date: 15/12/14 ..... Signature of Co-opted Member: _____</p>	<p>Month Paid: _____</p>

# CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM 00 JAN 2015

<b>Co-opted Member Name:</b> CHIVE WATSON		<b>Vehicle Reg.:</b> [REDACTED]		<b>Month Ending:</b> JAN 2015	
<b>Address:</b> [REDACTED]		<b>Engine Size:</b> [REDACTED]		<b>Post Code:</b> [REDACTED]	
		<b>Fuel Type:</b> (e.g. Petrol/Diesel) [REDACTED]			

  

Date of Meeting	Start & End of Duty	Time of Meeting		Location (Place) of Duty e.g. Civic Centre	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)	
		Start	End			Travel by own vehicle		Allowance Claimed (Column 7x8)	Set by IRPW (See Rates Below)				
						Miles	Rate		£	p	£		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)		(10)		(11)	
9/1/15	Home	9.30	10.30	Civic Centre	STANDARDS BOARD	4	45p	1	80	99	00	100	80
/ /							45p						
/ /							45p						
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/ /							45p						
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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	<b>Amount Claimed:</b> £100.80

  

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.

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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: 9/1/15	Signature of Co-opted Member: [REDACTED]	<b>For Office Use</b> Checked by: [Signature] Payroll No: _____
		Month Paid: _____

# CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

<b>Co-opted Member Name:</b>	Clive WALTON	<b>Vehicle Reg.</b>		<b>Month Ending:</b>	Feb
<b>Address:</b>		<b>Engine Size</b>		<b>Post Code:</b>	
		<b>Fuel Type</b> (e.g. Petrol/Diesel)			

(1)	(2)	Time of Meeting		(5)	(6)	Travel Allowances			Co-opted Member Allowance Rate		Totals (Column 9+10)			
		Start	End			Location (Place) of Duty e.g. Civic Centre	Description of Approved Duties Name of meeting please indicate with (C) if you Chaired the meeting	Travel by own vehicle		Allowance Claimed (Column 7x8)			Set by IRPW (See Rates Below)	
								Miles	Rate				£	p
(3)	(4)	(9)	(10)	(11)										
13/2/15	Home	9.30	10.45	C. Centre	Standards	4	45p	1	80	99	-	100	80	
/ /							45p							
/ /							45p							
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Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed:
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	

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**For Office Use**

Checked by:

Payroll No: \_\_\_\_\_

Month Paid: \_\_\_\_\_

Date: 14/2/15      Signature: