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:		Ji	II Bur	gess		Vehicle Reg.			Month Ending						
Address:						Fuel Typ	Engine Size Fuel Type (e.g. Petrol/Diesel)				Post	Code:			
	of Duty Mee Place e.g. S Home ta		Time of Location Meeting (Place) of Duty		Description of Approved Name of meeting please indicate with (C) if you			Travel Allowances			Co-opted Member Allowance Rate				
Data of			End	e.g. Civic Centre	meeting	Chaired the	veh	Travel by own vehicle Miles Rate		vance imed 8)		by PW	tals		
Date of Meeting	(2)			(5)	(6)		(7)	(Column 9) p		(es Below) 0)	(Column 9+10)			
(1))							£		£	p	£	, p	
150ct	Home	S	9.3	10 00	Guild Hall Standards C		10	45p	4	50	2	50	4	50	
150ct			9.3	11.30	Standards Guild hall C	chair		45p			134	0	134	0)
Co-o	Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):														
Cttee:	of Audit /Sta = £268 < 4 h				rdinary Co-opted Member: £210 < 4 hrs = £105		Cla				Amount Claimed:	138	50	0	
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. C:\Users\Jill Burgess\Downloads\Standards 15 October 2021 new doc.doc												ts	office Use		
 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 fortravelling 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. 													oll No:		
Date15 October 2021 Signature of Co-opted Member												Mont	h Paid:		