

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:	Mrs Jill Burgess	Vehicle Registration Number:	[REDACTED]	Month Ending 4 Dec 2020	
Address:	[REDACTED]			Post Code:	[REDACTED]

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 (7 Hours) (10)			
						Miles (7)	Rate (8)						
02/12/21	Home	5.00	6.30	Guildhall	Teams meeting	10	45p	4	50			4	50
02 Dec 2021	Home	5.00	6.30	Guildhall	Teams meeting Attended Council as Chair of Standards Committee					128	00	128	00
												132	50

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:	132 50
				132 50

Please, Submit claims within 3 months of duty with fuel VAT receipt

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

- 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) 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: *CAD*
Payroll No: [REDACTED]

Date .02 December 2021..... Signature of Co-[REDACTED] Member

Month Paid: _____

.....

[REDACTED]