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

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted		David	Anderso	on-Thomas	Vehicle Reg.		NA			Month Ending:		May 2021				
Member Name: Address:						Engine S Fuel Typ				Post Code:						
	Start & End of Duty	Time of Meeting		Location (Place) of Duty	(e.g. Petrol/I Description of Approved Duties		Travel Allowances			Co-opted Member Allowance Rate						
Date of Meeting	Place e.g. Home	Start	End	e.g. Civic Centre	Name of meeting please indicate with (C) if you Chaired the meeting		Travel I vehi Miles		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)		Totals (Column 9+10)			
(1)	(2)	(3)	(4)	(5)	(6)		(7)	(8)	£ (9)) p	(10) £ p		(11) £ p			
13/4	Home	160 0	1800	Remote via Teams	Scrutiny Programme Committee		0	0	0	0	99	00	99	00		
22/4	Home	160 0	1800	Remote via Teams	Education Scrutiny Performance Panel		0	0	0	0	99	00	99	00		
13/5	Home	153 0	1800	Remote via Teams	Education Scrutiny Performance Panel		0	0	0	0	99	00	99	00		
18/5	Home	160 0	1800	Remote via Teams	Scrutiny Programme Committee		0	0	0	0	99	00	99	00		
Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):																
					ommunity/Town Council Standards Sub hrs = £226, < 4 hrs = £113		Cinci Cramary Co opica member				Amount Claimed:					
as a 0 claim B) I decl travel C) If usin comp	 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: DC Payroll No:			
Date 25/	Date 25/5/21 Signature of Co-opted Member													Month Paid:		