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:		Aug 2021			
Member Name:						Engine S									
Address:						Fuel Typ	uel Type .g. Petrol/Diesel)				Post Code:				
Start & End of Duty		Time of Meeting Location (Place) of Duty			Description of Approved D	Travel Allowances				Co-opted Member Allowance Rate		r			
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 veh Miles	by own iicle Rate	Claimed		Set by IRPW (See Rates Below)			Totals (Column 9+10)	
(1)	(2)	(3)	(4)	(5)	(6)		(7)	(8)	•	9) 0	(10) £ p		(11) £ p		
13/7	Home	160 0	1800	Remote via Teams	Scrutiny Programme Comm	0	0	0	0	9			00		
15/7	Home	160 0	1800	Remote via Teams	Education Performance Panel		0	0	0	0	9	9 0	99	00	
17/8	Home	160 0	1800	Remote via Teams	Scrutiny Programme Committee		0	0	0	0	9	9	99	00	
Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):															
Chair of	Audit /Stan = £256, < 4	dards C	ttee:	Chair of Co	ommunity/Town Council Standards Sub hrs = £226, < 4 hrs = £113		Other Ordinary Co-opted Member > 4 hrs = £198, < 4 hrs = £99					Amount Claimed	297.00		
 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. 												S Che	For Office Use Checked by: DC Payroll No:		
Date 25/	Date 25/8/21 Signature of Co-opted Member												Month Paid:		