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:		Davi	d Anders	son-Thoma	Vehicle Reg.		na		Month Ending:		Feb2022				
Address:						Engine Size Fuel Type					Post Code:				
					(e.g. Petrol/Diesel)										
	Start & End of Duty	Time of Meeting		Location (Place) of Duty	Description of Approved Du	ties	-	Travel All			Co-opted Member Allowance Rate				
Date of Meeting	Place e.g.	Star End t		e.g. Civic Centre	Name of meeting please indicate with (C) if you Chaired the meeting		Travel by own vehicle		Allowance Claimed		Set by IRPW (See Rates Below)		Totals (Column 9+10)		
(1)	Home (2)	(3)	(4)	(5)	(6)		Miles (7)	(8)	(Column 7x8) (9)		(10)		(11)		
	-	4.0	1700	-				15	£	р	£	р	£	р	
18/1/22	Teams	16 00	1730	Teams	Scrutiny committee		45p	105		105		105			
14/2/22	Teams	15 00	1600	Teams	Education performance comn	nittee		45p	105		105		105		
15/2/22	Teams	16 00	1800	Teams	Scrutiny Committee			45p	105		105		105		
Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):															
Chair of Au	ıdit /Standa							Am				Amount Claimed:	£315		
A) I declare that I have necessarily incurred expenditure on travelling and subsistence for the purpose of enabling me to perform approved duties											For O	ffice Use			
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.										Check	Checked by: DC				
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										r Povrol	Payroll No:				
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											Faylor	r ayloli No.			
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.															
Date	Date15/2/22 Signature of Co-opted Member												Month Paid:		