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

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted		Alexander Roberts				Vehicle Reg.					Month Ending:		10/2021		
Member Name:						Engine Size									
Address:						Fuel Type (e.g. Petrol/Diesel)		Petrol			Post Code:				
	Start & End of Duty	Time of Meeting		Location (Place) of Duty	Description of Approved D	Outies		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 (6)		Travel I veh Miles	by own icle Rate	Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)		Totals (Column 9+10)		
(1)	(2)	(3)	(4)	(5)			(7)	(8)	(9) (1 £ p		(10) p	(11) £ p			
17/08/ 21	Home	16:0 0	17:30	MS Teams	Scrutiny Programme Comm		45p			105	5	105			
14/09/ 21	Home	16:0 0	18:00	MS Teams	Scrutiny Programme Comm		45p			105		105			
30/09/ 21	Home	16:0 0	17:00	MS Teams	Education Scrutiny Panel			45p			105		105		
19/10/ 21	Home	16:0 0	17:30	MS Teams	Scrutiny Programme Comm	ittee		45p			105		105		
								45p							
0	-4 - 1 B# -		A 11	D - 1 -		. =		45p							
Co-opted Member Allowance Rates (As set by the Independent Remuno Chair of Audit /Standards Cttee: > 4 hrs = £268							Ar					Amount Claimed:	420		
 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. 												Check for Payro	For Office Use Checked by: DC Payroll No:		
Date 19 October 2021 Signature of Co-opted Member										Month	Month Paid:				