

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:	Philip Ronald Crayford	<u>Vehicle Reg.</u>		Month Ending:	June 2021
Address:	██████████ ██████████	<u>Engine Size</u>		Post Code:	██████████
		<u>Fuel Type</u> (e.g. Petrol/Diesel)			

Date of Meeting	Start & End of Duty	Time of Meeting		Location (Place) of Duty	Description of Approved Duties Name of meeting please indicate with (C) if you Chaired the meeting	Travel Allowances				Co-opted Member Allowance Rate		Totals (Column 9+10)	
	Place e.g. Home	Start	End	e.g. Civic Centre		Travel by own vehicle		Allowance Claimed (Column 7x8)	Set by IRPW (See Rates Below)		Totals (Column 9+10)		
						Miles	Rate		£	p			
						(7)	(8)						£
(1)	(2)	(3)	(4)	(5)	(6)	(9)	(10)	(11)	£	p			
30/06/2021	Home	0930	1245	Home	Virtual Standards Committee meeting by Microsoft Teams					99	00	99	00

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):						Amount Claimed:	99.00
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					

<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p style="text-align: center;">For Office Use</p> <p>Checked by: DC</p> <p>Payroll No: ██████████</p>
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Date 30/06/2021 Signature of Co-opted Member ██████████	Month Paid: _____
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