

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:	Mike Lewis	<u>Vehicle Reg.</u>	[REDACTED]	Month Ending:	Oct 2021
Address:	[REDACTED]	<u>Engine Size</u>	[REDACTED]	Post Code:	[REDACTED]
		<u>Fuel Type</u> <small>(e.g. Petrol/Diesel)</small>	Diesel		

Date of Meeting (1)	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 (6)	Travel Allowances				Co-opted Member Allowance Rate		Totals (Column 9+10) (11)	
	Place e.g. Home (2)	Start (3)	End (4)	e.g. Civic Centre (5)		Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)			
						Miles (7)	Rate (8)	£ p		£ p			
								£ p		£ p			
15/10 2021	Home	10:00	10:40	MS Teams	Standards committee		45p	105				105	
							45p						
							45p						
							45p						
							45p						
							45p						
							45p						
							45p						

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed:	105
Chair of Audit /Standards Cttee: > 4 hrs = £268 < 4 hrs = £134	Other Ordinary Co-opted Member: > 4 hrs = £210 < 4 hrs = £105			

<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>For Office Use</p> <p>Checked by: DC</p> <p>Payroll No: [REDACTED]</p>
--	---

Date15 October 2021..... Signature of Co-opted Member [REDACTED]	Month Paid: _____
---	-------------------