

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCE CLAIM FORM

CLAIM FORM

Co-opted Member Name:	Mike Lewis	<u>Vehicle Reg.</u>		Month Ending:	Jan 2022
Address:	[REDACTED]	<u>Engine Size</u>		Post Code:	[REDACTED]
		<u>Fuel Type</u> (e.g. Petrol/Diesel)			

Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting		Location (Place) of Duty e.g. Civic Centre (5)	Description of Approved Duties Name of meeting please indicate with (C) if you Chaired the meeting (6)	Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)		Totals (Column 9+10)	
		Start (3)	End (4)			Miles (7)	Rate (8)	£	p	£	p	£	p
21/01/2022	Home	09:30	10:35	MS Teams	Standards committee		45p	105				105	
							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			

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.

For Office Use

Checked by: **DC**

Payroll No: [REDACTED]

Date21 January 2022..... Signature of Co-opted Member [REDACTED] Month Paid: _____