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:		Jill Burgess				Vehicle Reg. Engine Size					Month Ending:		June 20	22		
Address:						Fuel Type (e.g. Petrol/Diesel)			Post Code		ode:					
	Start & End of Duty	Time of Meeting		Location (Place) of Duty	Description of Approved [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		Travel I veh Miles		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)		Totals (Column 9+10)			
(1)	(2)	(3)	(4)	(5)	(6)		(7)	(8)	(9) £ p		(10) £ p			(11) £ p		
30/05/ 22	Home	09. 30	10.15	Zoom	Meeting work flow planning Tracey Meredith			45p	134	0	134			0		
20/06/ 22	home	17 00	18.00 zoom	Home	Code of conduct training		45p					0	0			
24/06/ 22	home	9.3	10	guildhall	Standards training prior to meeting			45p					0	0		
24/06/ 22	home	10	11.15	guidhall	Standards meeting			45p	134	0	134	<i>1 C</i>	134	0		
24/06/ 22	Home	9	11.15	Guildhall	Petrol to Guildhall meeting	10	45p			4	50	4	50			
				nce Rate	S (As set by the Independe	nt Remune	ration l	Panel f	or Wal	es (IRP	W)):		272	50		
	Audit /Stan				inary Co-opted Member:						Amount Claimed:					
A) I decl as a (claim B) I decl travel C) If usir comp	 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			
Date	Date30 June 2022 Signature of Co-opted Member												Month Paid:			