

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:		Mrs Jill Burgess				Vehicle Reg.		[REDACTED]		Month Ending:		July 2022	
Address:		[REDACTED]				Engine Size		[REDACTED]		Post Code:		[REDACTED]	
Fuel Type (e.g. Petrol/Diesel)													
Date of Meeting (1)	Start & End of Duty (2)	Time of Meeting (3) (4)		Location (Place) of Duty (5)	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	Start	End	e.g. Civic Centre		Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)			
						Miles (7)	Rate (8)	£	p	£	p		
7/07/22	Home	16.3	19	Guildhall	Standards Annual report to full Council Chamber	10	45p			4	50	4	50
7/07/22	Home	16.3	19	Guidhall	Standards Annual report to full Council Chamber		45p			134	00	134	0
Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):										Amount Claimed:		138 50	
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>										For Office Use			
										Checked by: DC			
										Payroll No: [REDACTED]			
Date11July 22..... Signature of Co-opted [REDACTED]										Month Paid: _____			