

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:		Michaela Jones			Vehicle Registration Number & engine size:		[REDACTED]		Month Ending:		30/06/2021		
Address:		[REDACTED]							Post Code:		[REDACTED]		
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) (9)		Set by IRPW (See Rates Below) (10)			
						Miles (7)	Rate (8)						
29/06/2021	Home	16.30	18.30	Home	Preparation for Special Standards Committee Meeting and PSOW referral hearing		45p			99	00	99	00
30/06/21	Home	09.30	12.00	Home	Special Standards Committee Meeting and PSOW referral hearing by video conference		45p			99	00	99	00
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Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):										Amount Claimed:		198.00	
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) 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: <u> CAD </u></p> <p>Payroll No: [REDACTED]</p>			

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Date 22/07/2021 Signature of Co-opted Member

Month Paid: _____