

**CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM**

<b>Co-opted Member Name:</b>	Michaela Jones	<b>Vehicle Reg.:</b>	-	<b>Month Ending:</b>	31/01/2023
<b>Address:</b>	██████████	<b>Engine Size:</b>		<b>Post Code:</b>	██████████
		<b>Fuel Type:</b> (e.g. Petrol/Diesel)			

(1)	(2)	Time of Meeting		(5)	(6)	Travel Allowances				Co-opted Member Allowance Rate		Totals (Column 9+10)		
		Start	End			Location (Place) of Duty	Description of Approved Duties  Name of meeting please indicate with (C) if you Chaired the meeting	Travel by own vehicle		Allowance Claimed (Column 7x8)	Set by IRPW (See Rates Below)			
								Miles	Rate		£			p
£	p	£	p	£	p									
20/01/23	Home	08.45	09.45	Home	Preparation for Standards Committee Meeting							105	00	
20/01/23	Home	10.00	10.40	Home	Standards Committee Meeting by Teams									

<b>Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):</b>										105.00	
<b>Chair of Audit /Standards Cttee:</b> > 4 hrs = £268 < 4 hrs = £134					<b>Other Ordinary Co-opted Member:</b> > 4 hrs = £210 < 4 hrs = £105					<b>Amount Claimed:</b>	

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: ██████████

Date 31/01/2023 Signature of Co-opted Member	██████████	Month Paid: _____
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