

Co-opted Member Travelling & Subsistence Allowances Claim Form

Co-opted Member Name:	Mark Rees	Vehicle Reg.	[REDACTED]	Month Ending:	Jan 2024
Address:	[REDACTED]	Engine Size	[REDACTED]	Post Code:	[REDACTED]
		Fuel Type (e.g. Petrol / Diesel)	[REDACTED]		

Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting Start (3)		End (4)	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 Allowances			Co-opted Member Allowance Rate		Totals (Column 9+10) (11)			
	Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)		Miles (7)	Rate (8)	£	p (9)	£			p (10)	
19 th Jan 2024	10- 11.30am	10.00	11.30		Guildhall (attended online)	Standards Committee		45p			105	00	105	00	
								45p							

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			
Chair of Governance & Audit / Chair of Standards Cttee: > 4 hrs = £268, < 4 hrs = £134	Ordinary Statutory Co-opted Member (inc. C/T Cllr on Standards Cttee): > 4 hrs = £210, < 4 hrs = £105	Amount Claimed:	£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>	<p>For Office Use</p> <p>Checked by: <u>CC</u></p> <p>Payroll No: <u>[REDACTED]</u></p>
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Date 23 rd January 2024 Signature of Co-opted Member	Feb 2024 Month Paid: _____
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