

Co-opted Member Travelling & Subsistence Allowances Claim Form

1) Submit claims within 3 months of duty with fuel VAT receipt

2) Return form to democracy@swansea.gov.uk

Co-opted Member Name:		Elizabeth Lee				Vehicle Reg.			Month Ending:		Jan 2024	
Address:		[REDACTED]				Engine Size			Post Code:		[REDACTED]	
						Fuel Type (e.g. Petrol / Diesel)						
Date of Meeting (1)	Start & End of Duty	Time of Meeting		Location (Place) of Duty	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) £ p	
	Place e.g. Home (2)	Start (3)	End (4)	e.g. Civic Centre (5)		Travel by own vehicle		Allowance Claimed (Column 7x8) (9) £ p	Set by IRPW (See Rates Below) (10) £ p				
						Miles (7)	Rate (8)						
17/1/24	online	1600	1730	online	SPC		45p	105	00			105	

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):		Amount Claimed:	105
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		

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: _____
__GB_____

Payroll No: _____
[REDACTED]_____

Date19/1/24..... Signature of Co-opted Member [REDACTED]

Month Paid: _____

Return form to: democracy@swansea.gov.uk

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