Please, Submit claims within 3 months of duty with fuel VAT receipt

Co-opted Member Travelling & Subsistence Allowances Claim Form

Co-opted Member Name: Address:		JULIE	MARY D	AVIES	Vehicle Reg. Engine Size					Month Ending:		06/2023		
						Fuel Type (e.g. Petrol / D	Fuel Type (e.g. Petrol / Diesel)					Post Code:		
Start & End of Duty		Time of Meeting		Location (Place) of Duty	Description of Approved Duties		Travel Allowances		Co-opted Member Allowance Rate					
Date of Meeting	Place e.g. Home	Start	End	e.g. Civic Centre	Name of meeting please indicate with (C) if you Chaired the meeting		Travel veh		e Claimed		Set by IRPW (See Rates Below)		Totals (Column 9+10)	
0	(2)	(3)	(4)	(5)	(6)		(7)	(8)	£	(9) I p	(10) £ p		(11) £ p	
10/06/ 23	Home	10:45 13:45	13:20 15:25	Home	G&AC meeting preparatory (Agenda pack 131 pages + supporting Audit Wales rep	•				}				r
10/06/ 23	Home	15:25	16:00	Home	G&AC questions prep and submission to Chair					}	210	00	210	00
14/06/ 23	Home	12:35	12:53	Home (Teams)	G&AC pre-meet					}	270		210	00
14/06/ 23	Home	12:54	15:08	Home (Teams)	G&AC					}				
					Total: 7hrs 22mins					}				
Co-o	pted M	ember	Allowa	ance Rate	S (As set by the Independe	nt Remune	eration l	Panel f	or Wa	les (IRP	PW)):			210.00
Chair of		ce & Aud	it / Chair	of Standards		opted Membe				•		Amount Claimed:		
as a (Co-opted N	Member of	this Author	ority and that I	ture on travelling and subsistence f have actually and necessarily incu led by the Independent Remuneral	irred the actua	al mileage Wales.	e in colur	nn 7 ab		amounts	Check	ffice Use	

Payroll No:

travelling or subsistence expenses in connection with the duties indicated above.

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

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C) If using a priv comprehensiv D) An e-mail fror		
Date 23/06/23	Signature of Co-opted Member J. M. Davies (Typed signature accepted & approved by DS 26/06/2023)	Month Paid: