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 | Vehicle Reg. Engine Size | | Month | | | Month | Ending: | 01/2024 | | | | |
|--|---------------------------|-----------------|--------|--------------------------------|---|-------------------------------------|-----------|--------------------------------------|------------------|-------------------------------|-----------------|-------------------------|-------------|---------------|--|
| | | | | | | Fuel Type (e.g. Petrol / Diesel) | | Post | | | Post Co | ode: | | | |
| | Start & End of Duty | Time of Meeting | | Location (Place) of Duty | Description of Approved Duties | | Travel Al | | lowances | | | ed Member ance Rate | | | |
| Date of Meeting | Place e.g. Home | Start | End | e.g. Civic Centre | Name of meeting please indicate with (C) if you C meeting | Travel I vehi | | Allowance Claimed (Column 7x8) | | Set by IRPW (See Rates Below) | | Totals (Column 9+10) | | | |
| () | (2) | (3) | (4) | (5) | (6) | | (7) | (8) | (9) £ p £ | | (| (10) I p | (1 | (11) £ p | |
| 12/01/ 24 | Home | 16.00 | 17.20 | Home | G&AC meeting preparatory (Agenda pack 83 pages) | | | ~ | } | ~ | | ~ | P | | |
| 14/01/ 24 | Home | 12.45 | 13.20 | Home | G&AC questions prep and submission to Chair | | | | | } | | | | | |
| 17/01/ 24 | Home | 12.27 | 13.31 | Home | G&AC pre-meet | | | | | | 105 | 00 | 105 | 00 | |
| 17/01/ 24 | Home | 13:54 | 15.05 | Home | Governance & Audit Comm | ittee | | | | | | | | | |
| | | | | | TOTAL: 4hrs 10 mins. | | | | | | | | | | |
| 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: | | 105.00 | | |
| 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. | | | | | | | | | | | | | Office Use | | |
| 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. | | | | | | | | | | | | | Payroll No: | | |

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Date 19/09/23 Signature of Co-opted Member (Typed signature accepted & approved by DS 23/01/2024) Month Paid: