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:		Micha	aela Jone	es	Vehicle Reg.				Mont		Ending:	31/01/2024			
Address:						Fuel Type (e.g. Petrol / Diesel)					Post Code:				
	Start & End of Duty	Time of Meeting		Location (Place) of Duty	Description of Approved [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			by own nicle Rate	Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)		Totals (Column 9+10)		
(1)	(2)	(3)	(4)	(5)			(7)	(8)	£			(10) p	(11) £ p		
19/01/ 2024		08.0 0	09.00	Home	Preparation for Standards (Meeting 19/01/2024	Committee									
19/01/ 2024		10.0 0	10.50	Home	Standards Committee Mee	ting							105	00	
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Chair of	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 Cla												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. 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. 												Check	For Office Use Checked by: A Lowe Payroll No:		
Date 24 January 2024 Signature of Co-opted Member											Month	Month Paid:			