

## CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

<b>Co-opted Member Name:</b>	PAULA A. O'CONNOR	<b>Vehicle Reg.</b>	[REDACTED].....	<b>Month Ending:</b>	September 2023
<b>Address:</b>	[REDACTED]	<b>Engine Size</b>	.....	<b>Post Code:</b>	[REDACTED]
		<b>Fuel Type</b> (e.g. Petrol/Diesel)	.....		

Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting		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)		
		Start (3)	End (4)			Travel by own vehicle		Allowance Claimed (Column 7x8) (9)	Set by IRPW (See Rates Below) (10)				
						Miles (7)	Rate (8)		£	p			£
29/8/23	Home	10:00	11:00		Preparation for CED meeting		45p						
	Home	1:30	3:15	Guildhall	Meeting CEO re GPAC matters		45p		134	00	134	00	
12/9/23	Home			Home	Review of papers - 4 hrs		45p						
13/9/23	Home	11:30	4:00	Guildhall	Pre meeting with Lay Members +		45p						
					Less prior to main meeting		45p		268	00	268	00	
					(8 1/2 hrs in total with		45p						
					review of papers)		45p						
							45p						
							45p						
							45p						

<b>Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):</b>			<b>Amount Claimed:</b>
<b>Chair of Audit /Standards Cttee:</b> > 4 hrs = £268 < 4 hrs = £134	<b>Other Ordinary Co-opted Member:</b> > 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. 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.	<b>For Office Use</b> Checked by: [REDACTED] Payroll No: [REDACTED]
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