

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

21 OCT 2015

<b>Co-opted Member Name:</b>	ALAN M THOMAS	<b>Vehicle Reg.</b>		<b>Month Ending:</b>	OCT. 2015
<b>Address:</b>		<b>Engine Size</b>		<b>Post Code:</b>	
		<b>Fuel Type</b> (e.g. Petrol/Diesel)	.....		

FILE COPY

Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting Start End (3) (4)		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)	
		Travel by own vehicle				Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)					
		Miles (7)	Rate (8)			£ p (9)		£ p (10)					
						£	p	£	p	£	p		
✓ 18/8/15 / /	HOME	1.30 PM	5.30P M	GUILDH ALL	AUDIT COMM. (C)	10	45p	4	50	128	00	132	50
✓ 27/8/15 / /	HOME	4.30 PM	8.45P M	GUILDH ALL	COUNCIL MEETING AUDIT COMM. ANNUAL REPORT	10	45p	4	50	128	00	132	50
20/10/15 / /	HOME	1.30 PM	4.30P M	GUILDH ALL	AUDIT COMM (C)	10	45p	4	50	128	00	132	50
/ /							45p						
/ /							45p						
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/ /							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 = £256, < 4 hrs = £128	<b>Chair of Community/Town Council Standards Sub Cttee:</b> > 4 hrs = £226, < 4 hrs = £113	<b>Other Ordinary Co-opted Member:</b> > 4 hrs = £198, < 4 hrs = £99	
<b>397.50</b>			



FILE COPY

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

22 DEC 2015

<b>Co-opted Member Name:</b>	ALAN M THOMAS		<b>Vehicle Reg.</b>	[REDACTED]		<b>Month Ending:</b>	DEC 2015	
<b>Address:</b>	[REDACTED]		<b>Engine Size</b>	[REDACTED]		<b>Post Code:</b>	[REDACTED]	
			<b>Fuel Type</b> (e.g. Petrol/Diesel)	[REDACTED]				

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)		Set by IRPW (See Rates Below)			
						Miles (7)	Rate (8)	£	p	£	p		
17/11/2015	HOME	1.30	4.15	Guildhall	AUDIT COMM (C)	✓10	45p	4	50	128	00	132	50
15/12/2015	HOME	1.30	4.30	Guildhall	AUDIT COMM. (C)	✓10	45p	4	50	128	00	132	50

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

<b>Chair of Audit /Standards Cttee:</b> > 4 hrs = £256, < 4 hrs = £128	<b>Chair of Community/Town Council Standards Sub Cttee:</b> > 4 hrs = £226, < 4 hrs = £113	<b>Other Ordinary Co-opted Member:</b> > 4 hrs = £198, < 4 hrs = £99	<b>Amount Claimed:</b>	265 00
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- 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: [Signature]

Payroll No: \_\_\_\_\_

Date .....22/12/2015..... Signature of Co-opted Member ..... [REDACTED] .....

Month Paid: \_\_\_\_\_

FILE COPY 24 MAR 2016

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

<b>Co-opted Member Name:</b>	ALAN M THOMAS			<b>Vehicle Reg.</b>		<b>Month Ending:</b>	MARCH 2016
<b>Address:</b>				<b>Engine Size</b>		<b>Post Code:</b>	
				<b>Fuel Type</b> (e.g. Petrol/Diesel)	.....		

(1)	(2)	Time of Meeting		(5)	(6)	Travel Allowances				Co-opted Member Allowance Rate		Totals (Column 9+10)		
		Start	End			Location (Place) of Duty e.g. Civic Centre	Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)			
							Miles	Rate	£	p	£			p
✓ 16/02/16 / /	HOME	1.30 PM	5.00P M	GUILDH ALL ✓	AUDIT COMM. (C)	✓ 10	45p	4	50	128	00	132	50	
✓ 16 / /	HOME	2.00 PM	5.00P M	CIVIC CENTRE ✓	AUDIT COMM. (C)	✓ 11	45p	4	95	128	00	132	95	
							45p							

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

<b>Chair of Audit /Standards Cttee:</b> > 4 hrs = £256, < 4 hrs = £128	<b>Chair of Community/Town Council Standards Sub Cttee:</b> > 4 hrs = £226, < 4 hrs = £113	<b>Other Ordinary Co-opted Member:</b> > 4 hrs = £198, < 4 hrs = £99	<b>Amount Claimed:</b>	265.45
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- 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: \_\_\_\_\_

Payroll No: \_\_\_\_\_

Date .....24 / 03 / 2016.....	Signature of Co-opted Member .....		Month Paid: _____
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24/3/16.

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

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

<b>Co-opted Member Name:</b>	ALAN M THOMAS		
<b>Address:</b>			<b>Vehicle Reg.</b> <b>Engine Size</b> <b>Fuel Type</b> (e.g. Petrol/Diesel)
		<b>Month Ending:</b>	SEPT.2016
		<b>Post Code:</b>	

(1)	(2)	Time of Meeting		(5)	(6)	Travel Allowances			(10)	(11)			
		Start	End			Travel by own vehicle		Allowance Claimed (Column 7x8)					
						Miles	Rate	£			p	£	p
✓ 30/08/16 / /	HOME	2PM	4PM	GUILDH ALL	AUDIT COMM. (C)	10	45p	4	50	128	00	132	50
✓ 22/09/16 / /	HOME	5PM	7PM	GUILDH ALL	Full Council meeting---my presentation of the Audit comm.. Annual Report---on behalf of Audit Comm.	10	45p	4	50	128	00	132	50
/ /							45p						
/ /							45p						
/ /							45p						
/ /							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> 265 00
Chair of Audit /Standards Cttee: > 4 hrs = £256, < 4 hrs = £128	Chair of Community/Town Council Standards Sub Cttee: > 4 hrs = £226, < 4 hrs = £113	Other Ordinary Co-opted Member: > 4 hrs = £198, < 4 hrs = £99	
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>For Office Use</b> Checked by:


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

<b>Co-opted Member Name:</b>	ALAN M THOMAS	<b>Vehicle Reg.</b>	[REDACTED]	<b>Month Ending:</b>	NOV.2016
<b>Address:</b>	[REDACTED]	<b>Engine Size</b>	[REDACTED]	<b>Post Code:</b>	[REDACTED]
		<b>Fuel Type</b> (e.g. Petrol/Diesel)	[REDACTED]		

(1) Date of Meeting	(2) Start & End of Duty Place e.g. Home	(3) Time of Meeting		(5) Location (Place) of Duty e.g. Civic Centre	(6) Description of Approved Duties Name of meeting please Indicate with (C) if you Chaired the meeting	(9) Travel Allowances				(10) Co-opted Member Allowance Rate		(11) Totals (Column 9+10)	
		(3) Start	(4) End			(7) Travel by own vehicle		(9) Allowance Claimed (Column 7x8)	(10) Set by IRPW (See Rates Below)		(11)		
						(7) Miles	(8) Rate		£	p			£
✓ 25/10/16 / /	HOME	2PM	4PM	GUILDH ALL	AUDIT COMM. (C)	✓ 10	45p	4	50	128	00	132	50
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						

<b>Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):</b>			132.50
<b>Chair of Audit /Standards Cttee:</b> > 4 hrs = £256, < 4 hrs = £128	<b>Chair of Community/Town Council Standards Sub Cttee:</b> > 4 hrs = £226, < 4 hrs = £113	<b>Other Ordinary Co-opted Member:</b> > 4 hrs = £198, < 4 hrs = £99	<b>Amount Claimed:</b>

- 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.

**For Office Use**  
 Checked by:   
 Payroll No: \_\_\_\_\_

22/11/16

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

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

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.

Date <u>20/10/2016</u>	Signature of Co-opted Member 	Month Paid: _____
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Please, Submit claims within 3 months of duty with fuel VAT receipt

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

<b>Co-opted Member Name:</b>	ALAN M THOMAS			<b>Vehicle Reg.</b>		<b>Month Ending:</b>	JAN. 2
<b>Address:</b>				<b>Engine Size</b>		<b>Post Code:</b>	
				<b>Fuel Type</b> (e.g. Petrol/Diesel)			


(1)	(2)	Time of Meeting		(5)	(6)	Travel Allowances				Co-opted Member Allowance Rate		Total (Colour (£
		Start (3)	End (4)			Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)		
						Miles (7)	Rate (8)	£	P	£	P	
✓ 13/12/16 / /	HOME	2PM	3.45P M	GUILDH ALL	AUDIT COMM. (C)	✓ 10	45p	4	50	128	00	132.
✓ 03/01/17 / /	HOME	2PM	3.40P M	GUILDH ALL	AUDIT COMM. (C)	✓ 10	45p	4	50	128	00	132
✓ 19/01/17 / /	HOME	4PM	5.15P M	GUILDH ALL	CABINET MEETING—PRESENTING AUDIT COMM. FINDINGS	✓ 10	45p	4	50	128	00	132
/ /							45p					
/ /							45p					
/ /							45p					
/ /							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>
Chair of Audit /Standards Cttee: > 4 hrs = £256, < 4 hrs = £128	Chair of Community/Town Council Standards Sub Cttee: > 4 hrs = £226, < 4 hrs = £113	Other Ordinary Co-opted Member: > 4 hrs = £198, < 4 hrs = £99	



# CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

- 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.
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- D) An e-mail from the Co-opted Member will be accepted as a signature providing the name of the Co-opted Member.

<b>For Office Use</b>	
Checked by: _____	
Payroll No: _____	
Month Paid: _____	

Date 20th Jan 2017 Signature of Co-opted Member ... 

23/1/17