CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM 21 OCT 2015

Co-opte Member	1	ALAN	M THON	MAS							iding:	OCT. 20°	15	
Address	5 ;				Eng Fue	Vehicle Reg. Engine Size Fuel Type (e.g. Petrol/Diesel)				Post Code:			V	
	Start & End of Duty	Time of	Meeting	Location (Place) of Duty	Description of Approved Duties		Travel Allo	owances	.	Co-opted Allowan		·		
Date of Meeting	Place e.g. Home	Start	End	e.g. Civic Centre	please indicate with (C) if you Chaired thevehicle				rance med nn 7x8)	Set by		Totals (Column 9+1		
(1)	(2)	(3)	(4)	(5)	(6)		(8)	£	€) p	(10) £ p		(11) £ p		
18/8/1 5 / /	HOME	1.30 PM	5.30P M	GUILDH ALL	AUDIT COMM. (C)	10	45p	4	50	128	00	132	50	
27/8/1 5 / /	HOME	4.30 PM	8.45P M	GUILDH ALL	COUNCIL MEETING AUDIT CO	MM. 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							_
//			<u></u>				45p							_
//				-			45p							_
//	-	+	-				45p 45p			_			<u> </u>	_
//	 	+	 		†		45p		:	 		-	1	_
//	1	1	†				45p				-		 -	_
Co-c	pted Mo	ember	Allowa	ance Rate	es (As set by the Independent Re	muneration	Panel 1	for Wa	les (IR	PW)):	-l			_
Chair of	f Audit /Sta = £256, <	ndards (ttee:	Chair of C	community/Town Council Standards Su hrs = £226, < 4 hrs = £113	b Other	Ordinary	Co-opt	ed Men	nber:	Amount Claimed:	397-50		

Please, Submit claims within 3 months of auty with fuel VAI receipt

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

claimed are in accordance with the rates determined by the Independent Remuneration Development and independent Remuneration Development and independent Remuneration Remunera	For Office Use
Date	Month Paid:
	<i>b</i>

Please, Submit claims within 3 months of auty with fuel VAI receipt

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opto	ed r Name:	ALAN	M THO	MAS		Vehicle					Month	Ending:	DEG 2015		
Addres	s:					Engine S Fuel Typ (e.g. Petrol/				Post Code:					
	Start & End of Duty	Time of Meeting Location (Place) of Duty Description of Approved Duties Travel Allowances Co-opted Meaning Allowances								ed Member ance Rate	ember Rate				
Date of Meeting	Place e.g. Home	Start	End	e.g. Civic Centre	Name of meeting please indicate with (C) if you meeting	Chaired the		vehicle Claimed				y IRPW ates Below)			
(1)	(2)	(3)	(4)	(5)	(6)		(7)	(9) £ p £				(10)		11)	
17/11/ 2015	HOME	1.30	4.15	Guildhall	AUDIT COMM (C)	^	10	45p	4	50	128	3 00	132	50	
15/12/ 2015	HOME	1.30	4.30	Guildhall	AUDIT COMM. (C)	•	/10	45p	4	50	128	3 00	132	50	
Co-o	pted Me Audit /Stan	mber dards C	Allowa	Ince Rate	S (As set by the Independommunity/Town Council Standa	ent Remune	eration Other	Panel 1	or Wal	es (IRP	(W)):	Amount	265 00		
	=£256, < 4			Cttee: > 4	hrs = £226, < 4 hrs = £113		> 4 hrs	s = £198	3, < 4 hr	s = £99		Claimed:			
claim B) I decl trave C) If usin	ed are in ac are that the lling or subs ng a private prehensive v	cordance stateme istence vehicle vehicle in	e with the ints above expenses in whilst on Constance surance si	rates determin are correct. E in connection v council busines pecifically incli	ture on travelling and subsistence have actually and necessarily included by the Independent Remuner except as shown above I have no with the duties indicated above. The second members should entitle duting business and commuting uppted as a signature providing the	curred the actuation Panel for t made, and wi	al mileage Wales. Il not mak have a va	e in colur e, any c alid drivir	mn 7 abo laim und ng licence	ove. The er any er e, MOT a	amounts actment	Chec	office Use ked by:	C	
	22/12/20				opted Member			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			•••••	Mont	h Paid:		

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM CO/24 MAR 20/6

Co-opt	ed	ALAN	M THO	MAS							1		i		
	er Name:					<u>Vehicle</u>	Reg.				Monti	h Ending:	MARCI	1 2016	
Addres	SS:					Engine S	Size			3	Post (Code			
						Fuel Typ	 e	*****			Post	code:			
						(e.g. Petrol/							1		
	Start & End of Duty	Time o	of Meeting	Location (Place) of Duty	Description of Approved D	Outles		Travel Allowances				ted Member			
Date of Meeting	Place e.g. Home	Start	End	e.g. Civic Centre	Name of meeting please Indicate with (C) if you Chalred the			by own		wance Imed	Set	by IRPW	Totals		
			ļ		meeting		Miles	Rate		mn 7x8)	(See Rates Bel		elow) (Column 9+10)		
(1)	(2)	(3)	(4)	(5)	(6)		(7)	(8) (9) £				(10)		l <u>1</u>)	
_16/02/	HOME	1.30 PM	5.00P M	GUILDH	AUDIT COMM. (C)	V	10	45p	4		£ 12	8 <i>C</i>	0 <u>£</u>	50	
16 /	i	FIVI	IVI	ALL V									,,,,		
22/03/ /16 /	HOME	2.00 PM	5.00P M	CIVIC .	AUDIT COMM. (C)		11	45p	4	95	12	8 0	0 132	95	
/				OZ/VI/VE											
Coo	4- d 84 -							45p							
Chair of	Audit /Stan	mper	Allowa	nce Rates	S (As set by the Independe	nt Remune	ration	Panel f	or Wa	es (IRP	W)):			<u> </u>	
> 4 hrs :	= £256, < 4	hrs = £	128	Cttee: > 4	hrs = £226, < 4 hrs = £113	as Sub	Other (> 4 hrs	Ordinary = £198	Co-opt	e d Me mb s = £99	er:	Amount			
A) I decl	lare that I ha Co-opted Me	ve nece	ssarily incu	urred expenditu	ure on travelling and subsistence for	or the purpose					ed dutie		Office Use		
claim	ed are in ac	cordance	with the	rates determin	ed by the Independent Descripting	rred the actua	il mileage	in colur	nn 7 abo	ve. The	amount	s		8	
travel	lling or subsi	istence e	vnoneer i	n connection w	xcept as snown above I have not r	nade, and will	not mak	e, any cl	aim und	er any en	actmen	t tor	cked by:		
U) II usii	ng a private :	venicie v	vniist on C	Ouncil husines	vith the duties indicated above. is, Co-Opted Members should ensi ding business and commuting use	ure that they h	nave a va	ilid drivin	g licence	e, MOT a	nd	Pay	roll No:		
D) An e-	mail from th	e Co-opi	ted Membe	er will be accep	oted as a signature providing the n	ame of the Co	o-opted M	lember i	s include	ed.					
Date	24 / 03 / 20	016	*************	Sig	nature of Co-opted Member				*********			Mo	nth Paid:		
·															

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

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Mem	pted ber Name:		N M THO	NAIMO										
Addr	'ess:						nicle Reg.				Month Ending:		SEPT.	2016
						Engine					Post Co	ode:	-	
						Fuel Ty (e.g. Petrol	pe ''Dianal'							
	Start & End of	Time	of Meeting	Location		(o.g. 1 eu o.	/Diesei)				4		1	
D (Duty		~	(Place) of Duty	Description of Approved [Dution	T-	Travel A	llowance		1		_[
Date of Meeting		Start	End	e.g. Civic	Name				A A SHAREST COLUMN	•	Co-opte	d Member Ince Rate		
_		.	.] '	Centre	Name of meeting please indicate with (C) if you o	Chaired the	Travel	by own	Allo	wance	<u> </u>		4	
(1)	(2)	(3)	(4)	(5)	meeting		Miles	hicle Rate	_	imed mn 7x8)	1	y IRPW		otals
	HOME			(5)	(6)		(7)	(8)	-		(See Rati	tes Below)	(Colur	nn 9+10
30/08,	HOME	2PM	4PM	GUILDH	AUDIT COMM. (C)			(6)	3) 2 (8	(9) a	£ (1	(O)	1 0	11)
16/ /			1 1	ALL	(5)		10	45p	4	50	128	00	£	1
_//				'					,	,	, ,	00	132	50
22/09/	HOME	5PM	7PM	GUILDH	Full Council meeting-my			45p						
16 /				ALL	I PICSCITATION OF the A.Ju	mm	10	45p	4	50	128			
<u>'</u>			, [Į.	I """ Wall Nepoll-On hehalf of	of Audit	1 1				120	00	132	
//					Comm.			I = A		1				
//	 							45p						
11	 							45p		+				
11	1							45p						 -
11		-						45p						
//								45p 45p						
Co-o	pted Men	nber /	Allowan	ice Rates	Managh Land			45p						
nair or 4 hrs:	Audit /Standa = £256, < 4 h	ards Ctt	ee:	Chair of Cor	(As set by the Independent mmunity/Town Council Standards	t Remuner	ation P	anel fo	r Wale	2 (IBD)	7			
) I deci	are that I i			- 111	~~~~, < 4 nrs = £113			aunary Ci	, D-Opted	Member	4. A	nount	265 00	
as a (Co-opted Men	iber of th	nis Authorid	ea expenditur	re on travelling and subsistence for a ave actually and necessarily incurred by the Independent Remuneration	the num	71113	· £ 198, <	4 hrs =	=£99	Cli	aimed:	200 00	

claimed are in accordance with the rates determined by the Independent Remuneration Panel for Wales. at I have actually and necessarily incurred the actual mileage in column 7 above. The amounts C:\Users\wendy\Downloads\Co-opted Member Expense Form -SEPT.16.doc

alialle Checked hv. 2

Please, Submit claims within 3 months of duty with fuel VAT receipt 22 NOV 2016

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opt	ed	ALAN	OHT M	MAS		<u> </u>									
	r Name:						_				Month	Ending:	NOV.20	16	
Addres						<u>Vehicle I</u>									
Addies	13.					Engine S				Post C	ode:				
						Fuel Typ									
						(e.g. Petrol/									
							-1.000.7								
	Start & End of	Time o	f Meeting	Location				Travel Al	lowance	8	Co-ont	ed Member			
	Duty			(Place) of Duty	Description of Approved D	Outies					Allow	ance Rate			
Date of Meeting	Place e.g. Home	Start	End	e.g. Civic Centre	Name of meeting	No of the state		by own		vance	Set	by IRPW	Totals		
	ļ				please Indicate with (C) if you C	naired the	veh Miles	icle Rate		imed nn 7x8)	(Can D	etes Delevis			
(1)	(2)	(3)	(4)	(E)					(Solui	IIII 7XO)	(See K	ates Below)	(Colum	n 9+10)	
	(-)	(0)	(4)	(5)	(6)		(7)	(8)		9)		(10)		1)	
	HOME	2PM	4PM	GUILDH	AUDIT COMM. (C)		10	45p	£ 4	50	£	p 00	3	р	
25/10/				ALL	(3)	~	10.	"	7	50	12	8 00	132.	50	
16//															
//						-		45p							
//		ļ						45p							
//								45p							
1/								45p							
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1/								45p							
1/								45p							
1/								45p							
	nded Me		A 11					45p							
Chair of	pred Me	mper	Allowa	ince Rate	S (As set by the Independen	nt Remune	ration l	Panel f	or Wal	es (IRP	W)):		132.50		
	rs = 6256 < 4 brs = 6420								Amount						
				Cttee: > 4	hrs = £226, < 4 hrs = £113		> 4 hrs	=£198	< 4 hrs	s = £99		Ciaimed:			
as a	are that I ha Co-onted Ma	ve nece	ssarily incu	urred expendit	ure on travelling and subsistence for	or the purpose	of enab	ing me t	o perforr	n approve	ed duties	S For O	ffice Use		
claim	ed are in ac	cordance	una Augic Ladt dtiwe	rates determin	have actually and necessarily incuited by the lades and necessarily incuited by the lades and set B	rred the actua	l mileage	in colun	nn 7 abo	ve. The	amounts	1		X .	

dance 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.

C:\Users\wendy\Downloads\Co-opted Member Expense Form MAY 14 (5).doc

Checked by: __

Payroll No:

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

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

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Member Name: Address:						<u>Vehicle</u>	Rea.				Month	Ending:	JAN.
						Engine				Post Co	ode;		
						Fuel Ty (e.g. Petro	De /Diesel)			•		-	
	Start & End of Duty	Time o	of Meeting	Location (Place) of	Description of Approved		T		llowanc		Coonto	d Member	
Date of Meeting	Place e.g. Home	Start	End	Duty e.g. Civic	Name of mosting						Allowa		
44.				Centre	please Indicate with (C) if you meeting	Chaired the	ve Miles	l by own	Į Cla	wance aimed	Set by	1	
(1)	(2)	(3)	(4)	(5)	(6)		(7)	Rate (8)	l .	(mn 7x8)	(See Rat	es Below)	(Col
13/12/ 16 /	HOME	2PM	3.45P M	GUILDH	AUDIT COMM. (C)		10		3	(9) p	£ (1	0) p	£
/	11011			ALL		~	1 /0	45p	4	50	128	00	132
03/01/ 17 / /	HOME	2PM	3.40P M	GUILDH ALL	AUDIT COMM. (C)	V	10	45p	4	50	128	00	13
19/01/	HOME	4PM	5.15P M	GUILDH	CABINET MEETING—PRE	SENTING	10	45					, ,
17//			IVI	ALL	AUDIT COMM. FINDINGS	.02/11/1/0	10	45p	4	50	128	00	132
11								45p					
//								45p					
//								45p					
//								45p					
//								45p					
//								45p					
Co-op	ted Men	nber A	Allowar	ice Rates	(As set by the Independent mmunity/Town Council Standard			45p					
hair of A	udit /Standa	ards Ctt	e e:	Chair of Car	Mas set by the Independen	t Remuner	ation F	anel fo	r Wala	e /IDDia	AV		205
4 hrs =	£256, < 4 h	rs = £1	28	Cttee: > 4 h	mmunity/Town Council Standard rs = £226, < 4 hrs = £113			rdinary (= £198,		T 18/7/2 19/4 19/4 -	<u>')):</u>	nount	397.50

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CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

travelling or subsistence expenses in connection with the duties indicated above. C) If using a private vehicle whilst are 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 D) An e-mail from the Co-opted Member will be accepted as a signature providing the name of the Co-opted Member in the Co-opted Member in the Co-opted Member will be accepted as a signature providing the name of the Co-opted Member in the Co-opted Membe	Payroll No:
Signature of Co-opted Member	
	Month Paid:

23/1/17