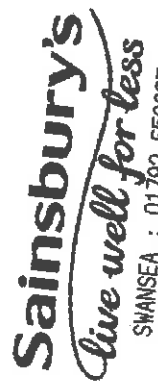


CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

18 SEP 2015

Co-opted Member Name: Gareth Evans		Vehicle Reg.		Month Ending: Sept 2015	
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol)			

(1)	Start & End of Duty Place e.g. Home	Time of Meeting		Location (Place) of Duty e.g. Civic Centre	Description of Approved Duties Name of meeting please indicate with (C) if you Chaired the meeting	Travel Allowances				Co-opted Member Allowance Rate		Totals	
		Start	End			Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)		(Column 9+10)	
						Miles	Rate	£	p	£	p		
✓ 4/9/15	Home	8.30	11.45	Guildhall	Standards Committee	41	45p	18	45	99	00	117	45
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							5p						
/ /							5p						
/ /							5p						
/ /							5p						



Sainsbury's Supermarkets Ltd
33 Holborn London EC1N 2HT
www.sainsburys.co.uk
Vat Number : 660 4548 36

*UNLEADED PETROL PUMP #4
42.490L @ £1.089 £46.27 C
1 BALANCE DUE
£46.27
Visa
[ICCID] **** * 5142
AID: A000000031010
PAN SEQUENCE: 01
MERCHANT: **84333
AUTH CODE: 000051

PIN Verified

CHANGE

£0.00

VAT RECEIPT SUMMARY - FUEL ONLY
Rate NET 38.56
C 20.00% 7.71
TOTAL 46.27

nel for Wales (IRPW):	Amount Claimed:	117.45
inary Co-opted Member:		
£198, < 4 hrs = £99		

g me to perform approved duties
1 column 7 above. The amounts
any claim under any enactment for
d driving licence, MOT and
ember is included.

For Office Use

Checked by: [Signature]

Payroll No: _____

- Co-op**
Chair of A
> 4 hrs =
- A) I decla as a C claime
 - B) I decla travell
 - C) If usir comp.
 - D) An e-mail from the Co-optea membe

Date 4/9/15 Signature of Co-opted Member

Month Paid: _____

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

Drive Clubworthy Fuel Receipt
FILE COPY
 1 MAR 2016

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name: GARETH EVANS		Vehicle Reg. [REDACTED]		Month Ending: MARCH 2016	
Address: [REDACTED]		Engine Size [REDACTED]		Post Code: [REDACTED]	
		Fuel Type (e.g. Petrol/Diesel)			

(1)	Start & End of Duty Place e.g. Home	Time of Meeting		Location (Place) of Duty e.g. Civic Centre	Description of Approved Duties Name of meeting please indicate with (C) if you Chaired the meeting	Travel Allowances			Co-opted Member Allowance Rate		Totals (Column 9+10)		
		Start	End			Travel by own vehicle		Allowance Claimed (Column 7x8)	Set by IRPW (See Rates Below)				
						Miles	Rate		£	p			£
✓ 4/3/16	8.30	9.35		GUILDHALL	STANDARDS COMMITTEE	4.1	45p	18	45	99	00	117	45
/ /							45p						
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Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed:
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) 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 7/3/16 Signature of Co-opted Member ... [REDACTED] Month Paid: _____

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

23 MAY 2016

FILE COPY

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	Gareth Evans	Vehicle Reg. Engine Size Fuel Type (e.g. Petrol/Diesel)	[REDACTED]	Month Ending:	May 2016
Address:	[REDACTED]			Post Code:	[REDACTED]

(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		
✓ 12/05	home	15.00	18.20	Guildhall	Annual scrutiny work planning conf.	41	45p	18	45	99	00	117	45
/ /							45p						
/ /							45p						
/ /							45p						
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Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed:	117.45
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		

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- 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: [Signature]

Payroll No: 25/5/16

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

31 JUL 2016

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	Gareth Evans	Vehicle Reg.		Month Ending:	June 2016
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

(1) Date of Meeting	(2) 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 Set by IRPW (See Rates Below)		(11) Totals (Column 9+10)	
		(3) Start	(4) End			(7) Travel by own vehicle		(9) Allowance Claimed (Column 7x8)		(10) Set by IRPW		(11) Totals	
						(7) Miles	(8) Rate	£	p	£	p	£	p
3/6/16	HOME	8.30	11.30	GUILDHALL	Stds. Ctee Meeting	41	45p	18	45	99	00	117	45
/ /							45p						
/ /							45p						
/ /							45p						
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Go-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed:
Chair of Audit /Standards Ctee: > 4 hrs = £256, < 4 hrs = £128	Chair of Community/Town Council Standards Sub Ctee: > 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) 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: _____

Month Paid: _____

Date 3/6/16 Signature of Co-opted Member

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	GARETH EVANS	Vehicle Reg.	[REDACTED]	Month Ending:	OCT 16
Address:	[REDACTED]	Engine Size	[REDACTED]	Post Code:	[REDACTED]
		Fuel Type (e.g. Petrol/Diesel)	[REDACTED]		

Date of Claiming	Start & End of Duty Place e.g. Home	Time of Meeting		Location (Place) of Duty e.g. Civic Centre	Description of Approved Duties Name of meeting please indicate with (C) if you Chaired the meeting	Travel Allowances				Co-opted member Allowance Rate		Totals (Column 9+10)	
		Start	End			Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)			
						Miles	Rate	£	p	£	p		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)		(10)		(11)	
✓ 11/10/16	HOME	8.30	11.30	GUILDRAIL STANDARDS COMMITTEE		41	45p	18	45	99	00	117	45
/							45p						
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Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed:
Chair of Audit Standards Cttee: 4 hrs = £226, < 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	

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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.

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.

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: 11/10/16 Signature of Co-opted Member: [REDACTED] Month Paid: _____

13/10/16

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

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	GARETH EVANS	Vehicle Reg.		Month Ending:	JAN 17
Address:		Engine Size		Post Code:	
		Fuel Type (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
20/1/17	HOME	8.30	11.00	GUILD HALL	STANDARDS COMMITTEE	41	45p	18	45	99	50	117	45	
/ /							45p							
/ /							45p							
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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 is included.

For Office Use

Checked by:

Payroll No: _____

Date 23/1/17 Signature of Co-opted Member

Month Paid: _____