

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: **MIKE LEWIS** Vehicle Registration Number & engine size: [REDACTED] Month Ending: **JAN 2018**

Address: [REDACTED] Post Code: [REDACTED]

(1)	(2)	(3)	(4)	(5)	(6)	Travel Allowances			Co-opted Member Allowance Rate		Totals		
						Travel by own vehicle		Allowance Claimed (Column 7x8)	Set by IRPW (See Rates Below)		Totals (Column 9+10)		
						(7)	(8)		(9)	(10)	(11)	(11)	
						£	p	£	p	£	p		
12/1/18	HOME	9:35	10:45	GULDHAM	STANDARDS COMMITTEE PARKING	6	45p	2	70	99	-	101	70
/ /							45p	3	-			3	-
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						

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

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	Amount Claimed: 104.70
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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) An e-mail from the Co-opted Member will be accepted as a signature provided it is included.

Date **12/1/18** Signature of Co-opted Member [REDACTED]

For Office Use

Checked by: [REDACTED]

Payroll No: _____

Month Paid: _____