

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

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

20 JUL 2018

Co-opted Member Name: MARGARET A. WILLIAMS		Vehicle Reg.	[REDACTED]	Month Ending: July '18.
Address: [REDACTED]		Engine Size	[REDACTED]	Post Code: [REDACTED]
		Fuel Type (e.g. Petrol)	[REDACTED]	

(1)	(2)	Time of Meeting		(5)	(6)	Travel Allowances			Co-opted Member Allowance Rate		Totals		
		Start (3)	End (4)			Location (Place) of Duty e.g. Civic Centre	Travel by own vehicle		Allowance Claimed (Column 7x8)	Set by IRPW (See Rates Below)		Totals (Column 9+10)	
							Name of meeting please indicate with (C) if you Chaired the meeting	Miles (7)		Rate (8)	£	p	£
20/7/18	Home	19:00	11-30	Guildhall	Standards Committee	22	45p	9	90	99		108	90
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Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed: 108.90
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: [REDACTED]

Payroll No: _____

Month Paid: _____

Date 20/7/18 Signature of Co-opted Member [REDACTED]