

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

FILE COPY

Co-opted Member Name:	David Anderson-Thomas		Vehicle Reg.		Month Ending:	Sept 2017
Address:	[REDACTED]		Engine Size		Post Code:	[REDACTED]
			Fuel Type (e.g. Petrol/Diesel)			

(1)	Date of Meeting	(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)		
								(7)	(8)	£				p	£	p
11/9/16	Home	1530	1830	Civic Centre	Scrutiny Meeting	0	0	0	0	99	00	99	00			
25/9/17	Home	1630	1830	Civic Centre	Schools Performance Scrutiny Panel	0	0	0	0	99	00	99	00			

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed:	198.00
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) 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: _____

Month Paid: _____

Date 25/9/17..... Signature of Co-opted Member [REDACTED]

for payment 25/10/17