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

17 JUN 2015

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	GARETH EVANS	Vehicle Reg. / Engine Size / Fuel Type (e.g. Petrol)	[redacted]
Address:	[redacted]	**Month Ending:**	JUNE 2015
		Post Code:	[redacted]

Date of Meeting	Start & End of Duty: Place e.g. Home	Time of Meeting: Start	Time of Meeting: End	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: Travel by own vehicle: Miles	Travel by own vehicle: Rate	Allowance Claimed (Column 7x8) £	Allowance Claimed (Column 7x8) p	Co-opted Member Allowance Rate: Set by IRPW (See Rates Below) £	Set by IRPW p	Totals (Column 9+10) £	Totals (Column 9+10) p
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)		(10)		(11)	
✓ 5/6/15	HOME	9.30	10.30	~~GUILD HALL~~ [illegible]	STANDARDS COMMITTEE	41	45p	18	45	99	00	117	45
✓ 16/6/15	HOME	17.00	18.15	Guild Hall	DEMOCRATIC SERVICES	41	45p	18	45	99	00	117	45
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Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):

Chair of Audit /Standards Cttee:	Chair of Community/Town Council Standards Sub Cttee:	Other Ordinary Co-opted Member:	Amount Claimed:
> 4 hrs = £256, < 4 hrs = £128	> 4 hrs = £226, < 4 hrs = £113	> 4 hrs = £198, < 4 hrs = £99	234 - 90

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: _____

Date 16/6/15 Signature of Co-opted Member [redacted]

Month Paid: _____

C:\Users\allison.lowe\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\D0T1FK5J\Co-opted Member Expense Form.doc