

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

17 DEC 2019

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:		PAULA A. O'CONNOR			Vehicle Registration Number & engine size:		[REDACTED]		Month Ending:		DEC. 2019					
Address:		[REDACTED]						Post Code:		[REDACTED]						
(1)	Date of Meeting	(2)	Start & End of Duty		(5)	(6)	Travel Allowances			Co-opted Member Allowance Rate		Totals (Column 9+10) (11)				
			Place e.g. Home	Time of Meeting Start			End	Location (Place) of Duty e.g. Civic Centre	Name of meeting please indicate with (C) if you Chaired the meeting		Travel by own vehicle		Allowance Claimed (Column 7x8)	Set by IRPW (See Rates Below)		
									Miles	Rate	£			p	£	p
(3)	(4)	(7)	(8)	(9)	(10)	(11)										
10/12/19	GUILDHALL	1pm	4-30pm	GUILDHALL	AUDIT COMMITTEE (C)		45p	256	00							
/ /			plus prep				45p									
/ /			(time 45mins)		PREPARATION TIME ON 9/12/19=45		45p									
/ /					MEETINGS - 13:00 TO 16:30		45p									
/ /							45p									
/ /							45p									
/ /							45p									
/ /							45p									
/ /							45p									
/ /							45p									
Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):										Amount Claimed: £256-00p						
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										
<p>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.</p> <p>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.</p> <p>C) An e-mail from the Co-opted Member will be accepted as a signature providing the name of the Co-opted Member is included.</p>										For Office Use						
Date 10/12/19										Checked by: [Signature]						
Signature of Co-opted Member [REDACTED]										Payroll No: _____						
										Month Paid: _____						