CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name: Address:		Julie Mary Davies				Vehicle Registration Number & engine size <i>:</i>				Month Ending:		31/01/21			
									Post Code:						
	Start & End of Duty	Time of Meeting		Location (Place) of Duty	Description of Approved Duties		Travel Allowances				Co-opted Member Allowance Rate				
Date of Meeting	Place e.g. Home	Start	End	e.g. Civic Centre	Name of meeting please indicate with (C) if you Chaired the meeting		Travel by own vehicle Miles Rate		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)		Totals (Column 9+10)		
(1)	(2)	(3)	(4)	(5)	(6)		(7)	(8)	(00idinii 7x0) (9) £ p		(10) £ p		(11) £ p		
08/12/20	Home	1400	1500	Home	Lay Member, Audit Committee. Meeting attendance + preparatory reading.		0	45p	£	μ	99	9 00	99	_ 00	
14/01/21	Home Home	1000 1100	1100 1200	Home Home	1:1 Meeting with Meeting AC Cha	air, Richard Risk Mgt Framework)	0	45p			99	9 00	99	00	
19/01/21	Home	1000	1100	Home		e + preparatory g/response to WG LG & Elections Bill	0	45p			99	00	99	00	
											Amount Claimed:	297.00			
 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 providing the name of the Co-opted Member is included. 												d Checł	For Office Use Checked by: DC Payroll No:		
Date 28 Jar	nuary 2021	Signatu	ure of Co-	opted Membe	r)		Month	n Paid:		