

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

## CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

<b>Co-opted Member Name:</b>		Julie Mary Davies			<b>Vehicle Registration Number &amp; engine size:</b>		[REDACTED]		<b>Month Ending:</b>		31/01/21		
<b>Address:</b>		[REDACTED]							<b>Post Code:</b>		[REDACTED]		
Date of Meeting  (1)	Start & End of Duty  (2)	Time of Meeting  (3) (4)		Location (Place) of Duty  (5)	Description of Approved Duties  (6)  Name of meeting please indicate with (C) if you Chaired the meeting	Travel Allowances				Co-opted Member Allowance Rate		Totals  (Column 9+10)  (11)	
	Place e.g. Home	Start	End	e.g. Civic Centre		Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)			
						Miles  (7)	Rate  (8)	£	p	£	p		
04/02/21 09/02/21	Home Home	11:00 14:00	12:35 15:50	Home Home	1:1 with AC Chair Lay Member, Audit Committee. Meeting attendance + preparatory reading.					99	00	99	00
18/02/21 09/03/21 09/03/21	Home Home Home	14:30 10:30 14:00	16:37 11:35 15:44	Home Home Home	Responses to draft IA Plan 2021/22 1:1 with AC Chair Lay Member, Audit Committee. Meeting attendance + preparatory reading.					198	00	198	00
<b>Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):</b>										<b>Amount Claimed:</b>			
<b>Chair of Audit /Standards Cttee:</b> > 4 hrs = £256, < 4 hrs = £128			<b>Chair of Community/Town Council Standards Sub Cttee:</b> > 4 hrs = £226, < 4 hrs = £113			<b>Other Ordinary Co-opted Member:</b> > 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>										<b>For Office Use</b>			
Date 28 January 2021      Signature of Co-opted Member [REDACTED]										Checked by: <b>DC</b>			
										Payroll No: _____			
										Month Paid: _____			