

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

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	Mike Lewis	<u>Vehicle Reg.</u>		Month Ending:	Dec 2020
Address:		<u>Engine Size</u>		Post Code:	
		<u>Fuel Type</u> (e.g. Petrol)			

Date of Meeting (1)	Start & End of Duty	Time of Meeting		Location (Place) of Duty	Description of Approved Duties Name of meeting please indicate with (C) if you Chaired the meeting (6)	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)			
	(2)	(3)	(4)	(5)		Miles	Rate	£ p		£ p			
	(7)	(8)	(9)			(10)		£ p		£ p			
4/12/2020	Home SA2 8NS	10:00	10:50	Online	Standards Committee		45p			99	00	99	00

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed:	99.00
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		

<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) 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.</p> <p>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.</p>	<p>For Office Use</p> <p>Checked by: _____ DC</p> <p>Payroll No: _____</p>
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Date4/12/2020.....	Signature of Co-opted Member	Month Paid: _____
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