

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	GARRETH EVANS	Vehicle Reg.		Month Ending:	JUL 2020
Address:		Engine Size		Post Code:	
		Fuel Type (e.g. Petrol/Diesel)			

Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting (3) (4)		Location (Place) of Duty e.g. Civic Centre (5)	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)	
		Miles (7)	Rate (8)			Allowance Claimed (Column 7x8) (9)		Set by IRPW (See Rates Below) (10)					
						£	p	£	p	£	p		
31/7/20	HOME	10:00	10:30	COUNCIL	STANDARDS COMMITTEE	1	45p	45	00	99	00	99	00
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
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/ /							45p						
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/ /							45p						

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

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.

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.

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.

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: DC 17/8/20

Payroll No: _____

Date: 07/9/2020 Signature of Co-opted Member: _____ Month Paid: _____