

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:	PAULA A. O'CONNOR	Vehicle Registration Number & engine size:	[REDACTED]	Month Ending:	Nov 2020
Address:	[REDACTED]			Post Code:	[REDACTED]

Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting		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)		
		Start (3)	End (4)			Travel by own vehicle		Allowance Claimed (Column 7x8) (9)	Set by IRPW (See Rates Below) (10)				
						Miles (7)	Rate (8)		£	p	£	p	£
5/11/20 / /	HOME	1:30	3:30	HOME	REVIEW OF APPOINTMENTS COMM		45p						
/ /					APPLICATIONS FOR AUDIT MEMBER		45p						
/ /					APPOINTMENTS COMMITTEE TEAMS		45p	128	00			128	00
10/11/20 / /	HOME	9:00	11:30	HOME	READ AND PREP FOR AUDIT COMMITTEE		45p						
/ /					-EMAILS TO IA: BEN, ADAM, PHIL ROBERTS		45p						
/ /					RE CONCERNS		45p	256	00			256	00
/ /		13:30	15:00	GOLDHALL	AUDIT COMMITTEE		45p						
17/11/20 / /	HOME	15:00	17:10	HOME	INTERVIEWS - LAY MEMBER		45p	128	00			128	00
/ /							45p						
/ /							45p						

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed:	512 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		

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.

For Office Use

Checked by: DC

Payroll No: [REDACTED]

Date 24/11/2020 Signature of Co-opted Member [REDACTED] Month Paid: _____