

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 ANN O'CONNOR	Vehicle Registration Number & engine size:	[REDACTED]	Month Ending:	DECEMBER 2020	
Address:	[REDACTED]				Post Code:	[REDACTED]

(1)	(2)	Time of Meeting		(5)	(6)	Travel Allowances			Co-opted Member Allowance Rate		Totals (Column 9+10)	
		(3)	(4)			Travel by own vehicle		(9)	Set by IRPW (See Rates Below)			
						(7)	(8)		£	p		
30/11/20	HOME	9:30	4:00pm	HOME	ALL WALES CHAIRS CONFERENCE		45p	256	00	256	00	
8/12/20	HOME	10:00	11:30	HOME	PREP FOR AUDIT COM		45p					
8/12/20	HOME	13:30	15:30	GUILDHALL	AUDIT COMMITTEE		45p	128	00	128	00	
/ /							45p					
/ /							45p					
/ /							45p					
/ /							45p					
/ /							45p					
/ /							45p					
/ /							45p					

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			Amount Claimed: 384 - 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.

Date 8/12/2020 Signature of Co-opted Member [REDACTED]

For Office Use

Checked by: _____ DC

Payroll No: [REDACTED]

Month Paid: _____