

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: PAOLA O'CONNOR		Vehicle Registration Number & engine size: [REDACTED]		Month Ending: JULY 2020								
Address: [REDACTED]				Post Code: [REDACTED]								
(1) Date of Meeting	(2) Start & End of Duty Place e.g. Home	(3) Time of Meeting Start End		(5) Location (Place) of Duty e.g. Civic Centre	(6) Description of Approved Duties Name of meeting please indicate with (C) if you Chaired the meeting	(7) Travel Allowances Travel by own vehicle Miles Rate		(9) Allowance Claimed (Column 7x8) £ p	(10) Co-opted Member Allowance Rate Set by IRPW (See Rates Below) £ p		(11) Totals (Column 9+10) £ p	
7/7/20 / /	HOME	8:30	10:15	TEAMS	TEAMS MEETING WITH PHIL ROBERTS - PREP AND MEETING		45p	/				
2/7/20 / /	HOME	1:15	2:50	TEAMS	AUDIT COMMITTEE (PREP/REAR 6/7/20 1:30 hrs)		45p	256	-			256
/ /							45p					
/ /							45p					
/ /							45p					
/ /							45p					
/ /							45p					
/ /							45p					
Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):												
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			Amount Claimed:			
<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>										For Office Use		
										Checked by: <u>DC</u>		
										Payroll No: [REDACTED]		
Date <u>7/7/2020</u> Signature of Co-opted Member .. [REDACTED] ..										Month Paid: _____		