

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:	APRIL 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) £ p	
		Start (3)	End (4)			Travel by own vehicle		Allowance Claimed (Column 7x8) (9) £ p	Set by IRPW (See Rates Below) (10) £ p			
						Miles (7)	Rate (8)					
28/4/20	HOME				REVIEW & EDIT OF ANNUAL		45p					
/ /					AUDIT COMMITTEE REPORT		45p					
/ /					2019/20; REVIEW & EDIT		45p					
/ /					OF CIA ANNUAL REPORT;		45p					
/ /					REVIEW & EDIT A.G.S.		45p					
/ /					REVIEW & EDIT MARCH 2020		45p					
/ /					MINUTES AUDIT COMM.		45p					
/ /					(BETWEEN 20/4 AND 28/4/20)		45p					256 00
/ /							45p					
/ /							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	

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: _____

Date 28/4/2020 Signature of Co-opted Member [REDACTED] Month Paid: _____