

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:	SEP 2020
Address:	[REDACTED]			Post Code:	[REDACTED]

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				
										(11)			
7/9/20 / /	HOME	10:30	15:00	—	PREPARATION/READ OF PAPERS FOR AUDIT COMM (4 1/2 HRS)		45p						
8/9/20 / /	HOME	13:30	15:30	GUILDHALL	AUDIT COMMITTEE (2 HRS)		45p			256	00	256	00
/ /							45p						
/ /							45p						
/ /							45p						
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/ /							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: 256-00

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: CAD

Payroll No: 000223

Date <u> 8/9/2020 </u>	Signature of Co-opted Member	
		Month Paid: _____