

Please, Submit claims within 3 months of duty with fuel VAT receipt

Claimed via email 5/11/2020

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

2 1/2
2 1/4
1 (3 1/4)

Co-opted Member Name: **PAO' CAJOR**
 Address: [REDACTED]
 Vehicle Registration Number & engine size: [REDACTED]
 Month Ending: **OCTOBER 2020**
 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 Set by IRPW (See Rates Below) (10)	Totals (Column 9+10) (11)	
		Start (3)	End (4)			Travel by own vehicle Miles (7)	Rate (8)		Allowance Claimed (Column 7x8) (9)	
13/10/20	Home	10:30	12:30		PREPARATION FOR SCRUTINY CONFERENCE		45p			
13/10/20	"	12:30	1:00pm		EMAILS TO CLR P. BLACK AND		45p			
13/10/20	"				BRIJ MADHAR. BENCHMARKING.		45p			
13/10/20	"	3:30	5:45		CONFERENCE 3:45pm - 5:45p		45p	256 00		
20/10/20	"	10:30	11:30		REVIEW OF AUDIT COMM PAPERS		45p			
/ /					EMAIL TO BEN JEREMY WITH		45p			
/ /					COMMENTS (10:30am - 11:30am)		45p			
/ /							45p			
/ /							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: _____
 Payroll No: **000223**
 Month Paid: _____

Date **13/10/2020** Signature of Co-opted Member [REDACTED]