

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

## CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

<b>Co-opted Member Name:</b> PAULA A O'CONNOR		<b>Vehicle Registration Number &amp; engine size:</b> [REDACTED]		<b>Month Ending:</b> FEB 2021									
<b>Address:</b> [REDACTED]				<b>Post Code:</b> [REDACTED]									
Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting Start (3) End (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)		
		Travel by own vehicle				Allowance Claimed (Column 7x8) (9)	Set by IRPW (See Rates Below) (10)						
		Miles (7)	Rate (8)						£	p			
4/2/21 / /	HOME	10:30	12:30	HOME/TEAMS	TEAMS WITH LAY MEMBER JD RE MATTERS FOR AUDIT COMM. (2 hrs)		45p	128	00			128	00
9/2/21 / /	HOME	09:45	13:00	HOME/TEAMS	READ AUDIT COMM. PAPERS AND PRE DISCUSSION WITH ADAM HILL (3 1/4 hrs)		45p						
9/2/21 / /	HOME	15:30	16:00	GUILDHALL	AUDIT COMM MEETING (2 1/2 hrs)		45p	256	00			256	00
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
<b>Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):</b>										<b>Amount Claimed:</b> 384-00			
<b>Chair of Audit /Standards Cttee:</b> > 4 hrs = £256, < 4 hrs = £128			<b>Chair of Community/Town Council Standards Sub Cttee:</b> > 4 hrs = £226, < 4 hrs = £113			<b>Other Ordinary Co-opted Member:</b> > 4 hrs = £198, < 4 hrs = £99							
<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>										<b>For Office Use</b>			
Date 9/2/2021 Signature of Co-opted Member [REDACTED]										Checked by: DC			
										Payroll No: [REDACTED]			
										Month Paid: _____			