

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>		MARCH 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		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)		
		Start (3)	End (4)			Travel by own vehicle		Allowance Claimed (Column 7x8) (9)	Set by IRPW (See Rates Below) (10)			
						Miles (7)	Rate (8)					£
8/3/21	HOME	4pm	6:5pm	HOME	REVIEW OF PAPERS PRE MEETING + QUERIES TO OFFICERS		45p					
9/3/21	HOME	1:30pm	4:00pm	GUILDHALL	AUDIT COMMITTEE		45p					226
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/ /							45p					
<b>Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):</b>										<b>Amount Claimed:</b>		
<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						226
<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>		
										Checked by: DC		
										Payroll No: [REDACTED]		
Date 9/3/2021 Signature of Co-opted Member [REDACTED]										Month Paid: _____		