

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	ALAN M THOMAS		<u>Vehicle Reg.</u> <u>Engine Size</u> <u>Fuel Type</u> (e.g. Petrol/Diesel)		Month Ending:	JUNE 2015
Address:					Post Code:	

Date of Meeting (1)	Start & End of Duty (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)	
	Place e.g. Home	Start	End	e.g. Civic Centre			Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)			
							Miles (7)	Rate (8)	£	p (9)	£	p (10)		
9/04/15 / /	HOME	3PM	4.30P M	GUILDH ALL	AUDIT COMMITTEE (C)	10	45p	4	95 50	128	00	132	95 50	
16/06/15 / /	HOME	2PM	4.40P M	GUILDH ALL	AUDIT COMMITTEE (C)	10	45p	4	95 50	128	00	132	95 50	
/ /							45p							
/ /							45p							
/ /							45p							
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/ /							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:	265.00

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.

For Office Use

Checked by: