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

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:		Paula	A O'Cor	Vehicle Reg. Engine Size						Month Ending:		March 2022				
Address:						Fuel Type (e.g. Petrol/Diesel)						Post Code:				
	Start & End of Duty	Time of Meeting		Location (Place) of Duty	Description of Approved Duties			Travel Allowanc			es	Co-opted Member Allowance Rate				
Date of Meeting	Place e.g. Home	Start	End	e.g. Civic Centre	Name of meeting please indicate with (C) if you C meeting	haired the	Miles	Travel veh	cle C		wance aimed ımn 7x8)		r IRPW es Below)	Totals v) (Column 9+		
(1)	(2)	(3)	(4)	(5)	(6)		(7)		(8)	£	(9) p	£ (1	0) p	£ (1	1) p	
1/3/22	Home	12:00	14:30	Home	Lay Member Interviews							134	00	134	00	
7/3/22	Home	14:00	16:30	Home	Review of papers in preparation for G&A meeting (2.5 hours)			}				268	00	268	00	
8/03/ 22	Home	13:30	15:30	Guildhall	G&A Committee meetings and after meeting query with Simon Cockings (2 hours)			}								
	Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)): air of Audit /Standards Cttee: hrs = £268 < 4 hrs = £134 Other Ordinary Co-opted Member: > 4 hrs = £210 < 4 hrs = £105											A	Amount Claimed:	402	00	
1	 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) If using a private vehicle whilst on Council business, Co-Opted Members should ensure that they have a valid driving licence, MOT and comprehensive vehicle insurance specifically including business and commuting use. D) An e-mail from the Co-opted Member will be accepted as a signature providing the name of the Co-opted Member is included. 											Check	For Office Use Checked by: DC Payroll No:			
١	Date 03/03/2022 Signature of Co-opted Member												Month	Month Paid:		