

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 ANN O'CONNOR			Vehicle Registration Number & engine size:		[REDACTED]		Month Ending:		AUG 2021		
Address:		[REDACTED]							Post Code:		[REDACTED]		
Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting Start End (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)		
	Travel by own vehicle		Allowance Claimed (Column 7x8) (9)	Set by IRPW (See Rates Below) (10)									
	Miles (7)	Rate (8)		£		p	£	p					
								£	p	£			p
23/8/21	HOME	3:00	5:30pm		MEETING AUDIT WALES RE ACCOUNTS ISSUES.		45p			128	00	128	00
/ /					READ/REP FOR G&A COMMITTEE		45p						
24/8/21	GOLDHALL	9:30	12:00		G&A COMMITTEE		45p			128	00	128	00
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							45p						
/ /							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: 256 00	
<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>										For Office Use			
										Checked by: DC			
										Payroll No: [REDACTED]			
Date 24/8/2021										Signature of Co-opted Member [REDACTED]			
										Month Paid: _____			