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

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

ed er Name:	Paula O'Connor				Vehicle Registration Number & engine size:				Month Ending:				
s:						l				Post C	ode:		
Start & End of Duty	f		Location (Place) of Duty	Description of Approved Duties		Travel Allowances				Co-opted Member Allowance Rate Set by IRPW			
Date of Place e.g. Start End Home		e.g. Civic Na		with (C) if you Chaired the	Travel by own vehicle		Allowance Claimed		Totals				
				meeting		Miles Rate				(See Ra	(See Rates Below)		(Column 9+10)
(2)	(3)	(4)	(5)		(6)	(7)	(8)			(10)		(11)	
Hone	8:15	12:30	Home	Prop Dor Add &	Tour Ca James		45n		Р		Р	- L	Р
				Conference 9:15	5-12:10		1						
										751		261	00
Home	101.00	11:00	Hone	Rosses + prep 1	or GRA Committee -		45p			K	-	236	00
			L <sub>2</sub>				45p			125		128	80
Home	9:3am	12:05	Guildhall	G+ A Comi	ttoe		45p						00
							45p						
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pted Me	mber	Allowa	nce Rate	s (As set by the	ndependent Remune	ration	Panel fe	or Wal	es (IRF	W)):			-
> 4 hrs = £256, < 4 hrs = £128				Citee: > 4 hrs = £226, < 4 hrs = £113		Other Ordinary Co-opted Memb > 4 hrs = £198, < 4 hrs = £99			er:		5(2		
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 Remarks and the actual mileage in column 7 above. The amounts											For Office Use		
b) Tuestate that the statements above are correct. Except as shown above I have not made, and will not make, any elements above are correct.									Checked by:				
travelling or subsistence expenses in connection with the duties indicated above.  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.									acunent	Payre	Payroll No:		
Date 14/9/21 Signature of Co-opted Member										Mont	Month Paid:		
	Start & End of Duty Place e.g. Home  (2)  Home  (2)  Home  Audit /Standare that I had co-opted Mediare in accordance that the ing or subsimal from the company of the compa	Start & Time of Duty  Place e.g. Home  (2) (3)  Home 8: 15  Home 9: 30  Home 9: 30  Pare that I have neces are that I have neces are that the statement ing or subsistence email from the Co-opte mail	Start & Time of Meeting  Place e.g. Home  (2) (3) (4)  Home 3:15 12:30  Home 10:00 1:00  Home 9:30 12:05  Pted Member Allowa  Audit /Standards Cttee: £256, < 4 hrs = £128  are that I have necessarily income are that the statements above ing or subsistence expenses in mail from the Co-opted Member of the member of the statements above ing or subsistence expenses in mail from the Co-opted Member of the member of the statements above in a subsistence expenses in mail from the Co-opted Member of the statements above in a subsistence expenses expens	Start & Time of Meeting Location (Place) of Duty  Place e.g. Start End e.g. Civic Centre  (2) (3) (4) (5)  Home 8:15 12:30 Home  Home 9:36 12:30 Home  Place Member Allowance Rate  Audit /Standards Cttee: E256, < 4 hrs = £128 Cttee: > 4  Are that I have necessarily incurred expendit of are in accordance with the rates determinate that the statements above are correct. 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Except as shown above I have not made, and will not making or subsistence expenses in connection with the duties indicated above.  The Number & engine size:  Description of Approved Duties  Name of meeting Please indicated Travel Description of Approved Duties  Travel Very Name of meeting Please indicated above.  The Number & engine size:  Travel Duty Name of Meeting Indicated above.  The Number & engine size:  Travel Duty Name of meeting Please indicated above.  The Number & engine size:  Travel Duty Name of meeting Please indicated above.  The Number & engine size:  Travel Duty Name of meeting Please indicated above.  The Number & engine size:  Travel Duty Name of meeting Please indicated above.  The Number & engine size:  Travel Duty Name of meeting Please indicated above.  The Number & engine size:  Travel Duty Name of meeting Please indicated above.  The Number & engine size:  Travel Duty Name of meeting Please indicated above.  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