

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

<b>Co-opted Member Name:</b>	Paula O'Connor	<b>Vehicle Registration Number &amp; engine size:</b>		<b>Month Ending:</b>	
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<b>Address:</b>		<b>Post Code:</b>	
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Date of Meeting	Start & End of Duty	Time of Meeting		Location (Place) of Duty	Description of Approved Duties	Travel Allowances			Co-opted Member Allowance Rate		Totals			
		Start	End			e.g. Civic Centre	Name of meeting please indicate with (C) if you Chaired the meeting	Travel by own vehicle		Allowance Claimed (Column 7x8)			Set by IRPW (See Rates Below)	
								Miles	Rate				£	p
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	£	p			
6/9/21	Home	8:15	12:30	Home	Prep for Audit Chair's Conference		45p							
/ /					Conference 9:15-12:10		45p							
/ /					Emails to Admin/Hud/Ben		45p		256	—	256	00		
9/9/21	Home	10:00	11:00	Home	Review + prep for G&A Committee -		45p							
/ /		6:00pm	8:00pm	"	emails to office (10-11am + 6-8pm) 3hrs		45p		128	—	128	00		
14/9/21	Home	9:30am	12:05	Guildhall	G&A Committee		45p		128	—	128	00		
/ /							45p							
/ /							45p							
/ /							45p							
/ /							45p							

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):			<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	

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) An e-mail from the Co-opted Member will be accepted as a signature providing the name of the Co-opted Member is included.

**For Office Use**

Checked by: \_\_\_\_\_

Payroll No: XXXXXXXXXX

Month Paid: \_\_\_\_\_

Date 14/9/21 Signature of Co-opted Member ... XXXXXXXXXX