

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

Co-opted Member Name: **P A O'CONNOR**

Address: [Redacted]

Vehicle Reg. [Redacted]

Engine Size [Redacted]

Fuel Type [Redacted]

Month Ending: **OCT 2021**

Post Code: [Redacted]

Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting		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 Set by IRPW (See Rates Below) (10)	Totals (Column 9+10) (11)			
		Start (3)	End (4)			Travel by own vehicle		Allowance Claimed (Column 7x8) (9)			£	p	£	p
						Miles (7)	Rate (8)	£	p					
11/10/21	Home	1:00	4:30	Home	Reviews of papers and email queries to officers		45p							
12/10/21	Home	13:30	15:40	Gumdhall	G+A Committee		45p			134	00	134	00	
							45p			134	00	134	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 = £268 < 4 hrs = £134

Other Ordinary Co-opted Member:  
 > 4 hrs = £210 < 4 hrs = £105

Amount Claimed: **268 00**

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.

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.

**For Office Use**

Checked by: DC

Payroll No: [Redacted]

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

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

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.

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

12 / 10 / 2021 Signature of Co-opted Member [Redacted]

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