

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:	PAULA A. O'CONNOR	Vehicle Reg.	[REDACTED]	Month Ending:	DEC 2021
Address:	[REDACTED]	Engine Size	Post Code:	[REDACTED]
		Fuel Type (e.g. Petrol/Diesel)		

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
13/12/21	Home	14:00	15:00	Home	Read of papers in prep for meeting		45p						
14/12/21	Home	9:30	10:30	Guildhall	GFA Committee meeting 14.12.2021		45p						
							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:	134 00

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.

For Office Use

Checked by: _____ DC

Payroll No: [REDACTED]

Date 14/12/2021	Signature of Co-opted Member .. [REDACTED]	Month Paid: _____
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