

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

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

<b>Co-opted Member Name:</b>		PAULA A. O'CONNOR			<b>Vehicle Registration Number &amp; engine size:</b>		[REDACTED]		<b>Month Ending:</b>		MAY 2021	
<b>Address:</b>		[REDACTED]						<b>Post Code:</b>		[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) £ p		
		Travel by own vehicle Miles Rate (7) (8)	Allowance Claimed (Column 7x8) £ p (9)			Set by IRPW (See Rates Below) £ p (10)						
17/5/21	HOME	10:00	13:15		Acad/ prep for meeting on 18/5/21 (3 1/4 hrs)	—	45p	—	—			
18/5/21	HOME	9:30	11:10		Meeting of Audit - Comm. Cllr 40	—	45p	—	—		256 00	
/ /							45p					
/ /							45p					
/ /							45p					
/ /							45p					
/ /							45p					
/ /							45p					
/ /							45p					
/ /							45p					
<b>Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):</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		<b>Amount Claimed:</b>		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>								<b>For Office Use</b>				
								Checked by: DC				
								Payroll No: [REDACTED]				
Date 18/5/2021		Signature of Co-opted Member [REDACTED]						Month Paid: _____				