

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

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:		Julie Mary Davies			Vehicle Registration Number & engine size:		[REDACTED]		Month Ending:		30/06/21		
Address:		[REDACTED]							Post Code:		[REDACTED]		
Date of Meeting (1)	Start & End of Duty	Time of Meeting		Location (Place) of Duty	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)	
	Place e.g. Home	Start	End	e.g. Civic Centre		Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)			
	(2)	(3)	(4)	(5)		Miles	Rate	(9)		(10)			
								£	p	£	p		
20/04/21	Home	14:00	15:05	Home	Lay Member, Audit Committee. Meeting attendance + preparatory reading.	0	45p			99	00	99	00
18/05/21	Home	10:00	11:06	Home	Lay Member, Audit Committee. Meeting attendance + preparatory reading.	0	45p			99	00	99	00
09/06/21	Home	14:00	15:52	Home	Lay Member, Audit Committee. Meeting attendance + preparatory reading.	0	45p			99	00	99	00
Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):													
Chair of Audit /Standards Cttee: > 4 hrs = £256, < 4 hrs = £128				Chair of Community/Town Council Standards Sub Cttee: > 4 hrs = £226, < 4 hrs = £113				Other Ordinary Co-opted Member: > 4 hrs = £198, < 4 hrs = £99				Amount Claimed: 297.00	
<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>										For Office Use			
										Checked by: DC			
										Payroll No: [REDACTED]			
Date 28 January 2021 Signature of Co-opted Member [REDACTED]										Month Paid: _____			