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:				Month Ending:		30/09/21			
Address:		Post								Post C	Code:				
	Start & End of Duty	Time of Meeting		Location (Place) of Duty	Description of Approved Duties		Travel Allowances				Co-opted Memb Allowance Rate				
Date of Meeting	Place e.g. Home	Start	End	e.g. Civic Centre	Name of meeting please indicate with (C) if you Chaired the		Travel by own vehicle		Allowance Claimed			by IRPW			
						meeting	Miles	Rate	(Column 7x8)		(See Rates Below)		(Column 9+10)		
(1)	(2)	(3)	(4)	(5)	(6)		(7)	(8)	(9) £ p		£	(10) p	(11) £ p		
13/07/21	Home	10:00	11:34	Home	Lay Member, Audit Committee. Meeting attendance + preparatory reading.		0	45p			99	9 00	99	00	
24/08/21	Home	10:00	11:50	Home	Lay Member, Audit Committee. Meeting attendance + preparatory reading.		0	45p			99 00		99	00	
14/09/21	Home	10:00	12:04	Home	Lay Member, Au Meeting attenda reading.	udit Committee. ince + preparatory	0	45p			9:	9 00	99	00	
_		<u> </u>													
	Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)): Chair of Audit /Standards Cttee: Chair of Community/Town Council Standards Sub Other Ordinary Co-opted Member:										Amount				
> 4 hrs = £					mmunity/Town Council Standards Sub ars = £226, < 4 hrs = £113		Other Ordinary Co-opted Memb > 4 hrs = £198, < 4 hrs = £99				er:	Claimed	297.00		
 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. 												d Che	For Office Use Checked by: CAD Payroll No:		
						iding the name of the Co-o	pted Men	nber is in	cluded.						
Date 14 Sep	Date 14 September 2021 Signature of Co-opted Member												Month Paid:		