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: Address:		Julie Mary Davies				Vehicle Reg. Engine Size Fuel Type (e.g. Petrol/Diesel)					Month Ending: Post Code:		31/03/22		
	Start & End of Duty	Time of Meeting		Location (Place) of Duty	Description of Approved Duties		Travel All		owances			I Member nce 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 meeting		Travel veh Miles			med	Set by (See Rate	r IRPW es Below)	Totals w) (Column 9+10)		
(1)	(2)	(3)	(3) (4) (5) (6)			(7)	(8)	(9) £ p		£ (1	(0 q	_ ` `			
12/01/ 22	Home	14:0 0	14:50	Home	Lay Member Governance and Audit Committee			45p	105	00	105	00	105	00	
8/02/2 2	Home	14:0 0	15:35	Home	Lay Member Governance and Audit Committee			45p	105	00	105	00	105	00	
08/03/ 22	Home	14:0 0	14:56	Home	Lay Member Governance Committee	and Audit		<i>45</i> p	105	00	105	00	105	00	
Со-о					S (As set by the Independe	ent Remune	ration	Panel f	or Wal	es (IRP			22.4		
					linary Co-opted Member: £210 < 4 hrs = £105						Amount Claimed:	£315	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. 											Check	For Office Use Checked by: DC Payroll No:			
Date08	Date08/03/2022 Signature of Co-opted Member												Month Paid:		