

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

Co-opted Member Travelling & Subsistence Allowances Claim Form

| | | | | | |
|------------------------------|--|--|-------|----------------------|------------|
| Co-opted Member Name: | Carlo Rabaiotti | Vehicle Reg. | | Month Ending: | 31/12/22 |
| Address: | ██████████ ██████████ ██████████ | Engine Size | | Post Code: | ██████████ |
| | | Fuel Type (e.g. Petrol / Diesel) | | | |

| Date of Meeting | 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 | Travel Allowances | | | | Co-opted Member Allowance Rate | | Totals (Column 9+10) | | |
|-----------------|---------------------|-------|-----------------|-----------|--------------------------|--|-----------------------|------|-----------------------------------|-----|----------------------------------|-----|-----------------------------|------|---|
| | (1) | (2) | (3) | (4) | (5) | | Travel by own vehicle | | Allowance Claimed (Column 7x8) | | Set by IRPW (See Rates Below) | | | (11) | |
| | | | | | | | Miles | Rate | £ | p | £ | p | | £ | p |
| | | | | | | | | | | | | | | | |
| 7/10/22 | Home | 10 am | 10.46 am | Guildhall | Standards Meeting | 0 | | 0 | 0 | 105 | 00 | 105 | 00 | | |
| | | | | | | | | | | | | | | | |

| | | | |
|---|---|------------------------|---------|
| Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)): | | | |
| Chair of Governance & Audit / Chair of Standards Cttee: > 4 hrs = £268, < 4 hrs = £134 | Ordinary Statutory Co-opted Member (inc. C/T Cllr on Standards Cttee): > 4 hrs = £210, < 4 hrs = £105 | Amount Claimed: | £105 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) 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.</p> <p>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.</p> | <p>For Office Use</p> <p>Checked by: DC</p> <p>Payroll No: ██████████</p> |
|--|---|

| | | |
|---------------|---|-------------------|
| Date 09/12.22 | Signature of Co-opted Member ██████████ | Month Paid: _____ |
|---------------|---|-------------------|