Co-opted Member Travelling & Subsistence Allowances Claim Form 1) Submit claims within 3 months of duty with fuel VAT receipt 2) Return form to <u>democracy@swansea.gov.uk</u>

Co-opted		Micha	aela Jone	es	Vehicle Reg.					Month	Ending:	/	/		
Member Name:					Engine Size							30/11/2022			
Address:						Fuel Type (e.g. Petrol / Diesel)					Post Code:				
	Start & End of Duty	Time of Meeting		Location (Place) of Duty	Description of Approved I	Duties	Travel Allowances				ed Member ance Rate				
Date of Meeting	Place e.g. Home	Start	End	e.g. Civic Centre	Name of meeting please indicate with (C) if you (meeting			by own nicle Claimed (Column 7x8)		imed	Set by IRPW (See Rates Below)		Totals (Column 9+10)		
(1)	(2)	(3)	(4)	(5)	(6)		(7)	(8)		9) p	(10) £ p		(11) £ p		
25/11/ 22	Home	08.0 0	09.00	Home	Preparation for Special Sta Committee Meeting	ndards			1	۳ ۲	~	<u> </u>	~	<u> </u>	
25/11/ 22	Home	09.3 5	09.50	Home	Special Standards Commit Meeting by Teams	tee					105	5 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: Ordinary Statutory Co-opted Member (inc. C/T Cllr on Standards Cttee: Am									Amount Claimed:						
 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 30/11/22 Payroll No:		
Date 30/11/2022 Signature of Co-opted Member												Month	Month Paid:		

Return form to: democracy@swansea.gov.uk

Https://ccossecure-my.sharepoint.com/personal/diane_clatworthy_swansea_gov_uk/Documents/desktop/Co-opt - Expense Form Nov 2022.docx