

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

### CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

<b>Co-opted Member Name:</b>		Elizabeth Lee			<b>Vehicle Registration Number &amp; engine size:</b>				<b>Month Ending:</b>		July 2022	
<b>Address:</b>		[REDACTED]							<b>Post Code:</b>		[REDACTED]	
Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting		Location (Place) of Duty e.g. Civic Centre (5)	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)	
		Start (3)	End (4)			Travel by own vehicle		Allowance Claimed (Column 7x8) (9)	Set by IRPW (See Rates Below) (10)			
						Miles (7)	Rate (8)					
8 / 6 / 22	home	4pm	6pm	teams	Introduction to scrutiny		45p					
6 / 6 / 22	home	10a m	12md	teams	CHC scrutiny meeting		45p					
23 / 5 / 22	home	2pm	2.45	teams	Councillor allowances training		45p					
18 / 5 / 22	home	4pm	5pm	teams	Training – bias		45p					
16 / 5 / 22	home	10a m	11.30	teams	Training -introduction to interests,gifts, code of conduct		45p		210	00	210	00
							45p					
							45p					
/ /							45p					
/ /							45p					
/ /							45p					
<b>Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):</b>										<b>Amount Claimed:</b>		210
<b>Chair of Audit /Standards Cttee:</b> > 4 hrs = £268, < 4 hrs = £134			<b>Chair of Community/Town Council Standards Sub Cttee:</b> > 4 hrs = £238, < 4 hrs = £119			<b>Other Ordinary Co-opted Member:</b> > 4 hrs = £210, < 4 hrs = £105						

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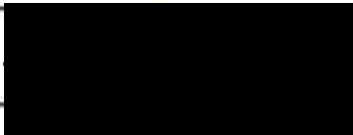
- A) I declare that I have necessarily incurred expenditure on travelling and subsistence for the purpose of enabling me to perform approved duties as a Co-opted Member of this Authority and that I have actually and necessarily incurred the actual mileage in column 7 above. The amounts claimed are in 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) An e-mail from the Co-opted Member will be accepted as a signature providing the name of the Co-opted Member is included.

*For Office Use*

Checked by: CAD

Payroll No: 

Date 7th August 22 Signature of Co-opted Member



Month Paid: August 22