

Co-opted Member Travelling & Subsistence Allowances Claim Form

1) Submit claims within 3 months of duty with fuel VAT receipt

2) Return form to democracy@swansea.gov.uk

Co-opted Member Name:	Elizabeth Lee	Vehicle Reg.	Month Ending:	November 2022
Address:	Engine Size	Post Code:
		Fuel Type (e.g. Petrol / Diesel)		

Date of Meeting (1)	Start & End of Duty	Time of Meeting		Locatio n (Place) of Duty	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)	
	Place e.g. Home (2)	Start (3)	End (4)	e.g. Civic Centre (5)		Travel by own vehicle		Allowance Claimed (Column 7x8) (9)		Set by IRPW (See Rates Below) (10)			
						Miles (7)	Rate (8)	£	p	£	p		
								£	p	£	p		
14/11/22	online	1600	1630	online	SPC pre meet		45p			105		105	
15/11/22	online	1600	1800	online	SPC								
17/11/22	online	1600	1800	online	Educational scrutiny committee					105		105	

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:	210	

<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 21/11/22</p> <p>Payroll No:</p>
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Date18/11/22.....	Signature of Co-opted Member		Month Paid: _____
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