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. Engine Size					Month Ending:		Dec 2022		
Address:						Fuel Type (e.g. Petrol / Diesel)					Post Code:				
	Start & End of Duty	Time of Meeting		Location (Place) of Duty	Description of Approved D	uties	Travel Allowances			Co-opted Member Allowance Rate					
Date of Meeting	Place e.g. Home	Start	End	e.g. Civic Centre	Name of meeting please indicate with (C) if you C meeting	haired the	Travel I veh Miles	by own Allowance Claimed Rate (Column 7x8)		Set by IRPW (See Rates Below)		Totals (Column 9+10)			
(1)	(2)	(3)	(4)	(5)	(6)		(7)	(8)	£	9) p	£ ((10) (1 £ p £		l) p	
12/12 22	online	160 0	1630	online	SPC pre meet			<i>45</i> p	105	00			105		
13/12/ 22	online	160 0	1800	online	SPC										
15/12/ 22	online	160 0	1800	online	Educational scrutiny				105	00			105		
Training of the contraction of t												Amount Claimed:	210		
 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: Payroll No:		
Date												Month	Month Paid:		