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		Flizaba	ath I aa		Vehicle Reg.					Month Ending:		j:	Feb 2023			
Name:		Elizabe	eth Lee		Engine Size					D 4 O	\l			ľ		
Address:						Fuel Type (e.g. Petrol / Diesel)					Post Code:					
	Start & End of Duty	Time of Meeting		Locatio n (Place) of Duty	Description of Approved D	uties		Travel Allowances			Co-opted Mer Allowance R					
Date of Meeting	Place e.g. Home	Start	Start End e.g. Name of meeting please indicate with (C) if you C centre meeting			haired the	Travel by own vehicle Miles Rate		Allowance Claimed (Column 7x8)		Set by IRP (See Rates B			Totals (Column 9+10)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	£	9) p	(10) £ p)	(11) £ p			
13/2/23	online	1500	1600	online	SPC - budget pre-meetig			45p	105	00				105	•	
14/2//23	online	1600	1800	online	SPC meeting											
										00						
Chair of Contract of Chairman											Amou Claim	iount 105 iimed:				
 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. 												for	For Office Use Checked by: _CAD_ Payroll No: _			
Date19/2/23 Signature of Co-opted Member												N	Month Paid:			