

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

CO-OPTED MEMBER TRAVELLING AND SUBSISTENCE ALLOWANCES CLAIM FORM

Co-opted Member Name:		Phil Sharman			Vehicle Registration Number & engine size:		[REDACTED]		Month Ending:		September 2022	
Address:		[REDACTED]							Post Code:		[REDACTED]	
Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting Start End (3) (4)		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) £ p
	Travel by own vehicle		Allowance Claimed (Column 7x8)			Set by IRPW (See Rates Below)						
	Miles (7)	Rate (8)	£	p (9)		£	p (10)					
21/09	Home	1100	1230	WFH	Audit & Governance Preparation		45p					
22/09	Home	1600	1830	WFH	Audit & Governance Preparation		45p					
27/09	Home	0815	1245	Guildhall	Audit & Governance Committee	29	45p			13	05	13 05
					Total preparation and meeting time 8 hours and 30 minutes		45p			210	00	210 00
							45p					
							45p					
							45p					
							45p					
Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):										223 05		
Chair of Audit /Standards Cttee: > 4 hrs = £268, < 4 hrs = £134			Chair of Community/Town Council Standards Sub Cttee: > 4 hrs = £238, < 4 hrs = £119			Other Ordinary Co-opted Member: > 4 hrs = £210, < 4 hrs = £105			Amount Claimed:			
<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) 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>										For Office Use		
										Checked by: <u>DC</u>		
										Payroll No: [REDACTED]		
Date 06/10/22..... Signature of Co-opted Member [REDACTED].....										Month Paid: _____		