

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:		31 May 2022		
Address:		[REDACTED]							Post Code:		[REDACTED]		
Date of Meeting (1)	Start & End of Duty Place e.g. Home (2)	Time of Meeting Start (3)		End (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)								
16/05	Home	1000	1130		Virtual	Standards Training		45p					
17/05	Home	1000	1200		Virtual	LG Finance Training		45p					
23/05	Home	1400	1445		Virtual	Members Allowances Training		45p					
						Total training time 4 hours 15 minutes		45p			210	00	210 00
30/05	Home	1330	1600		WFH	Audit & Governance Preparation		45p					
31/05	Home	1015	1630		Guildhall	Audit & Governance Committee	29	45p	13	05			13 05
						Total meeting time 7 hours 45 minutes		45p			210	00	210 00
/ /								45p					
/ /								45p					
/ /								45p					
Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):										433 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 02/09/22..... Signature of Co-opted Member										Month Paid: _____			