

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 July 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)							
11/07	Home	1130	1330	WFH	Audit & Governance Preparation		45p						
13/07	Home	1330	1400	WFH	Audit & Governance Pre-Meeting		45p						
13/07	Home	1400	1630	WFH	Audit & Governance Committee		45p						
					Total meeting time 5 hours		45p			210	00	210 00	
26/07	Home	1000	1330	Guildhall	Complaints and Partnerships Training	29	45p			13	05	13 05	
					Total training time 3 hours 30 minutes		45p			105	00	105 00	
							45p						
							45p						
							45p						
Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):										328 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: DC _____			
										Payroll No: [REDACTED]			
Date 02/09/22..... Signature of Co-opted Member [REDACTED].....										Month Paid: _____			