

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:		October 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)					
06/10	Home	1700	1800	WFH	Audit & Governance Preparation		45p					
11/10	Home	1400	1500	WFH	Audit & Governance Preparation		45p					
12/10	Home	1330	1630	WFH	Audit & Governance Members pre-meeting Committee and follow-up		45p					
					Total preparation and meeting time 5 hours		45p			210	00	210 00
							45p					
							45p					
							45p					
							45p					
Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):										210 00		
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: _____		
Date 04/11/22..... Signature of Co-opted Member [REDACTED]										Month Paid: _____		