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

## **Co-opted Member Travelling & Subsistence Allowances Claim Form**

Co-opted Member Name: Address:		Beth Allender				Vehicle Reg. Engine Size Fuel Type (e.g. Petrol / Diesel)					Month Ending: Post Code:		30/06/22	
	Start & End of Duty	Time of Meeting		Location (Place) of Duty	Description of Approved D				llowances		Co-opted Member Allowance Rate			
Date of Meeting	Place e.g. Home (2)	Start (3)	End (4)	e.g. Civic Centre (5)	Name of meeting please indicate with (C) if you C meeting	Chaired the	Travel veh Miles	by own icle Rate	Clain	Allowance Claimed (Column 7x8)		<b>/ IRPW</b> es Below)	Totals (Column 9+10) (11) £ p	
(1)					(6)		(7)	(8)	(9) £	) a	(10) £ p			
13/06/ 22	Home	4pm	5pm	Home online	Attendance at Introduction to Scrutiny training for committee members			45p		<u> </u>			~	<u> </u>
20/06/ 22	Home	4pm	5pm	Home online	Attendance at Introduction to interests, gifts, hospitality, code of conduct & standards committee			45p						
27/06/ 22	Home	4.30 pm	6.30p m	Home online	Pre-reading and attendance Scrutiny Work Planning Co			45p			105	00	105	0
Chair of		e & Aud	it / Chair o	of Standards	S (As set by the IndependeCttee:Ordinary Statutory Co- > 4 hrs = £210, < 4 hr	opted Membe				•	e:	Amount Claimed:	105.00	
as a ( claim B) I decl travel C) If usir comp	Co-opted Me ed are in ac- lare that the lling or subs ng a private orehensive ve	ember of cordance stateme istence e vehicle v ehicle in	f this Autho e with the expenses i whilst on C surance sp	ority and that I rates determin are correct. E n connection Council busine pecifically inclu	ture on travelling and subsistence f have actually and necessarily incu- ned by the Independent Remunerat xcept as shown above I have not n with the duties indicated above. ss, Co-Opted Members should ens uding business and commuting use pted as a signature providing the n	rred the actua ion Panel for N nade, and will ure that they h	al mileage Wales. not make nave a va	e in colur e, any cla alid drivir	mn 7 abov aim under ng licence,	e. The a any ena , MOT a	amounts actment fo	Check	ffice Use ed by: CAE I No:	)
Date0	1/07/2022			Signature	e of Co-opted Member .		attend	ance tra <del>d by H</del> a	ombined aining ho <del>cad of D</del>	ours <4	<mark>4 - as</mark>		Paid: Augi	ust 22

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