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: Address:		Julie Mary Davies				Vehicle Reg.			Month Ending: Post Code:		30/06/22			
	Start & End of Duty	Time of Meeting Location (Place) of Duty		(Place) of	Description of Approved Duties		Travel Allowances				Co-opted Member Allowance Rate			
Date of Meeting	Place e.g. Home	Start	End (4)	e.g. Civic Centre (5)	Name of meeting please indicate with (C) if you Chaired the meeting (6)		Travel by own vehicle Miles Rate (7) (8)		Allowance Claimed (Column 7x8) (9) £ p		Set by IRPW (See Rates Below) (10) £ p		Totals (Column 9+10) (11) £ p	
(1)	(2)													
17/05/22	Home	09:55	12:00	Home	Training: Local Governmen	nt Finance			~		210	•	210	00
17/05/22	Home	15:55	17:30	Home	Training: Code of Conduct									
18/05/22	Home	15:55	18:00	Home	Training: Bias/ predetermination & rule of natural justice									
31/05/22	Home	10:58	12:04	Home	Training (mandatory): Gove and Audit committee	ernance								
28/06/22	Home	10:50	12:40	Home	Training (mandatory): Gove and Audit Committee (not sa 31/05/2022)									
12/04/22	Home	13:50	15:27	Home	Governance and Audit Committee (Co-opted Member) + preparatory reading						105	00	105	00
31/05/22	Home	13:50	14:53	Home	Governance and Audit Con (Co-opted Member) + prep reading						105	00	105	00
15/06/22	Home	11:58	14:53	Home	Governance and Audit Con pre-meet (Co-opted Member preparatory reading.						105	00	105	00
Co-opted Member Allowa Chair of Audit /Standards Cttee: > 4 hrs = £268 < 4 hrs = £134			ttee:	Other Ord	Other Ordinary Co-opted Member: > 4 hrs = £210 < 4 hrs = £105		eration Panel for Wales (IRPW)):					Amount Claimed:	£525.00	

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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. 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	For Office Use Checked by: DC Payroll No:
Date28/06/2022 Signature of Co-opted Member	Month Paid: