## 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:		Julie Mary Davies				Vehicle Reg.					Month Ending:		31/07/22		
Address:						Engine Size Fuel Type (e.g. Petrol/Diesel)					Post Code:				
	Start & End of Duty	Time of Meeting		Location (Place) of Duty	Description of Approved Duties		Travel Allowances				Co-opted Member Allowance Rate				
Date of Meeting	Place e.g. Home	Start	End	e.g. Civic Centre	Name of meeting please indicate with (C) if you Chaired the meeting		Travel by vehi		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)		Totals (Column 9+10)		
(1)	(2)	(3)	(4)	(5)	(6)		(7)	(8)	£	)) D	(10) £   p		(11) £   p		
13/07/22	Home	12:55	16:25	Home	G&AC Pre-meet + meeting (preparatory reading of 3.5hrs not claimed)		0	45p	0	00	105	5 00	105	00	
26/07/22	Home	10:55	11:55	Home	G&AC Training : Complaints and Partnership Governance		0	45p	0	00	105	5 00	105	00	
onali or radal rotalidad ottos:										Amount Claimed:	£210.00				
<ul> <li>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.</li> <li>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.</li> <li>C) If using a private vehicle whilst on Council business, Co-Opted Members should ensure that they have a valid driving licence, MOT and comprehensive vehicle insurance specifically including business and commuting use.</li> <li>D) An e-mail from the Co-opted Member will be accepted as a signature providing the name of the Co-opted Member is included.</li> </ul>												Check for	For Office Use Checked by: DC Payroll No:		
Date10/09	Date10/09/2022 Signature of Co-opted Member												Month Paid:		