Co-opted Member Travelling & Subsistence Allowances Claim Form 1) Submit claims within 3 months of duty with fuel VAT receipt 2) Return form to democracy@swansea.gov.uk

Co-opted		Julie M	lary Da	vies	Vehicle Reg.					Month Ending:		31/12/22			
Member Name:			Engine Size												
Address:						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 C meeting		by own icle Rate	Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)		Totals (Column 9+10)			
(1)	(2)	(3)	(4)	(5)	(6)		(7)	(8)	£ (9) 	(10) £ g		(11) £ p		
13/12/22	Home	1055	1150	Home	G&AC Training – Fraud (pair as combined training)			~	P	~	P	-	-		
09/12/22	Home	0900	1500	Home	G&AC preparatory reading Pack (333 pages) and subn questions to Chair	}									
14/12/22	Home	1250	1540	Guildhall	G&AC Pre-meet and G&AC	} 3	45p	1	35	210	00	211	35		
orallary statutely so specifically statuted states												Amount	211	35	
 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. 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. 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. 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. 												Check	For Office Use Checked by: DC Payroll No:		
Date 16/12/2022 Signature of Co-opted Member											Month	Month Paid:			