

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

Co-opted Member Travelling & Subsistence Allowances Claim Form

Co-opted Member Name:	JULIE MARY DAVIES	Vehicle Reg.		Month Ending:	02/2023
Address:		Engine Size		Post Code:	
		Fuel Type <small>(e.g. Petrol / Diesel)</small>			

Date of Meeting (1)	Start & End of Duty	Time of Meeting		Location (Place) of Duty	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)		
	Place e.g. Home (2)	Start (3)	End (4)	e.g. Civic Centre (5)		Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)			
						Miles (7)	Rate (8)	£ p (9)		£ p (10)			
08/03/23	HOME	12:30	13:10	HOME (Teams)	G&AC Mandatory Training: Understanding Financial Statements	0	45p	(combined with previous Training claimed & paid)					

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):		
Chair of Governance & Audit / Chair of Standards Cttee: > 4 hrs = £268, < 4 hrs = £134	Ordinary Statutory Co-opted Member (inc. C/T Cllr on Standards Cttee): > 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) 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.</p> <p>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.</p>	<p>For Office Use</p> <p>Checked by: DC 28/3/23</p> <p>Payroll No: </p>
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Date 20/02/23 Signature of Co-opted Member J. M. Davies (Typed signature checked & approved by DS 28/03/2023)	Month Paid: _____
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