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:		JULIE MARY DAVIES				Vehicle Reg. Engine Size Fuel Type (e.g. Petrol / Diesel)					Month E	Ending:	02/2023		
											Post Code:				
	Start & End of Duty	Time of Meeting		Location (Place) of Duty	Description of Approved Duties			Travel Al	ravel Allowances			d Member nce 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	chaired the	Travel veh Miles	by own icle Rate	Claimed			y IRPW tes Below)	Totals (Column 9+10)		
0	(2)	(3)	(4)	(5)	(6)		(7)	(8)	£	(9) p	(10) £ p		(11) £ p		
03/03/ 23	Home	13:4 0	15:55	Home	G&AC meeting preparatory (406 pages)				}	210	00	210	00		
03/03/ 23	Home	16:1 0	19:08	Home	G&AC meeting preparatory (406 pages)	reading				}					
05/03/ 23	Home	14:4 0	18:00	Home	G&AC meeting preparatory (406 pages)	reading				}					
06/03/ 23	Home	08:4 0	09:10	Home	G&AC meeting questions p submission of questions to					}					
08/03/ 23	HOME	14: 00	16:15	HOME (Teams)	Governance & Audit Comm	ittee					105	00	105	00	
												Amount Claimed:	315	00	
 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 28/03/23 Payroll No:		
Date 20/	Date 20/02/23 Signature of Co-opted Member J. M. Davies (Typed signature accepted & approved by DS 28/03/2023)												Month Paid:		