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

Co-opted		Mike	Lewis		Vehicle Reg.					Month Ending:		Nov 2022			
Member Name:					Engine Size										
Address:						Fuel Type (e.g. Petrol / Diesel)		Diesel			Post Code:				
	Start & End of Duty	nd of		Location (Place) of Duty	Description of Approved D	uties	Travel Al	lowances	5	Co-opted Member Allowance Rate					
Date of Place Meeting e.g.		Start	End	e.g. Civic Centre	Name of meeting please indicate with (C) if you C	haired the	Travel by own vehicle		Allowance Claimed			by IRPW	Tota		
	Home				meeting		Miles	Rate	(Column 7x8)		(See Rates Below)		(Column 9+10)		
(1)	(2)	(3)	(4)	(5)	(6)		(7)	(8)	2) £	Э) р	£	(10) p	(11 £	l) p	
231122	Home	9:30	12:10	Guildhall	Chairs and Vice Chair train	7	45p	3	15	10	5	108	15		
231122					Chairs and Vice Chair train	ing -			6	00			6	00	
251122	Home	9:00	9:55	Guildhall	Standards Committee (C)		7	45p	3	15	134	4	137	15	
Co-op	Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):														
Chair of G	overnanc					opted Membe	pted Member (inc. C/T CIIr on Standards Cttee: = £105					Amount Claimed:			
 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. 												Chec	For Office Use Checked by: DC Payroll No:		
Date2	Date25/11/22 Signature of Co-opted Member												Month Paid:		