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:		Mark F	Rees		Vehicle Reg.					Month Ending:		March 2023		
						Fuel Type (e.g. Petrol / Diesel)				Post Code				
	Start & End of Duty	Time of Meeting		Location (Place) of Duty	Description of Approved D		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 (6)		Travel veh Miles		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)		Totals (Column 9+10)	
(1)	(2)	(3)	(4)	(5)			(7)	(8)	(9) £ p		(10) £ p		(11) £ p	
17 th Feb 2023	07.30 – 14.30	10.00	11.00	Guildhall	Special Standards Committee M	144	45p	64	80	210 8 food & parking – see receipt	00 00	- 282 274	80	
2 nd March 2023		11.00	11.30	Guildhall (online)	Special Standards Committee M		45p			105	00	105	00	
Chair of	pted Me Governance = £268, < 4	e & Audi	it / Chair d	ince Rates of Standards (S (As set by the IndependeCttee:Ordinary Statutory Co-> 4 hrs = £210, < 4 hr	opted Membe					e:	Amount Claimed:	£ 387.80	379.80
 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: CAC Payroll No:		
Date 3 rd March 2023 Signature of Co-opted Member											Month	Month Paid:		