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		Phil Sh	narman		Vehicle Reg.					Month E	nding:				
Member Name:					Engine Size							2023			
Address:						Fuel Type (e.g. Petrol / Diesel)					Post Code:				
	Start & End of Duty	J		Location (Place) of Duty	Description of Approved D	uties		Travel 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 Chaired the meeting		Travel I veh Miles		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)		Totals (Column 9+10)		
(1)	(2)	(3)	(4)	(5)	(6)		(7)	(8)	£ (9) p	(10) £ p		(11) £ p		
15/05/23	Home	11.00	11.30	WFH	GAC administration									-	
16/05/23	Home	15.00	16.00	WFH	GAC agenda 17/05/23 preparation										
16/05/23	Home	17.00	18.00	WFH	GAC agenda 17/05/23 preparation										
17/05/23	Home	12.30	13.30	Virtual	GAC committee pre-meeting										
17/05/23	Home	14.00	16.00	Virtual	GAC committee meeting										
					Total prep and meeting time 5.5 hours						210	00	210	00	
									_	00	210	00			
												Amount Claimed:	210	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: Payroll No:		
Date24/05/23 Signature of Co-opted Member P Sharman												Month	Month Paid:		