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

Co-opted Member		Elizabeth Lee				Vehicle Reg.					Month	Ending:	g: oct 2023		
Name:		Elizabeth Lee				Engine Size									
Address:						Fuel Type (e.g. Petrol / Di	Post Code:								
	Start & End of Duty	Time of Meeting		Location (Place) of Duty	Description of Appro	oved Duties	Travel Allowances			5	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			vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)		Totals (Column 9+10)		
(1)	(2)	(3)	(4)	(5)	(6)	3	(7)	(8)	(9)		(10)		(11)		
					1				£	р	£	р	£	р	
17/10/23	online	1600	1730	online	SPC			45p	105	00			105		
19/5/23	Gorseinon primary	1600	1800	Gorseinon prinary	ESP								105		
Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):															
	ernance & Aud					T Cllr on Standards Cttee:			Amount	210					
> 4 hrs = £2	268, < 4 hrs = £	134		;	> 4 hrs = £210, < 4 hrs = £105								laimed:		
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												Check 20/10	For Office Use Checked by:SEW 20/10/23		
													Payroll No:		
Date19/10/.23 Signature of Co-opted Member												Month	Month Paid:		