

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 Name:		Elizabeth Lee				Vehicle Reg.			Month Ending:		Nov 2023	
Address:		[REDACTED]				Engine Size			Post Code:		[REDACTED]	
						Fuel Type		(e.g. Petrol / Diesel)					
Date of Meeting (1)	Start & End of Duty	Time of Meeting		Location (Place) of Duty	Description of Approved Duties Name of meeting please indicate with (C) if you Chaired the meeting (6)	Travel Allowances				Co-opted Member Allowance Rate		Totals (Column 9+10) (11)	
	Place e.g. Home (2)	Start (3)	End (4)	e.g. Civic Centre (5)		Travel by own vehicle		Allowance Claimed (Column 7x8) (9)		Set by IRPW (See Rates Below) (10)			
						Miles (7)	Rate (8)						
14/11/23	online	1600	1730	online	SPC		45p	105	00			105	
23/11/23	online	1600	1800	online	ESP							105	
Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):										Amount Claimed:		210	
Chair of Governance & Audit / Chair of Standards Cttee: > 4 hrs = £268, < 4 hrs = £134					Ordinary Statutory Co-opted Member (inc. C/T Cllr on Standards Cttee): > 4 hrs = £210, < 4 hrs = £105								
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>										For Office Use			
										Checked by: G Borsden _____			
										Payroll No: [REDACTED] _____			
Date24/11/.23.....										Month Paid: _____			
Signature of Co-opted Member [REDACTED]													

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