

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:	March 2023
Address:	Engine Size	Post Code:
		Fuel Type <small>(e.g. Petrol / Diesel)</small>		

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)			
	Place e.g. Home	Start	End	e.g. Civic Centre		Travel by own vehicle		Allowance Claimed <small>(Column 7x8)</small>		Set by IRPW <small>(See Rates Below)</small>				
	(2)	(3)	(4)	(5)		Miles	Rate	(9)		(10)			(11)	
								£	p	£	p	£	p	
18/4/23	online	1600	1800	online	SPC		45p	105		00			105	

Co-opted Member Allowance Rates (As set by the Independent Remuneration Panel for Wales (IRPW)):											
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					Amount Claimed:	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>	<p style="text-align: center;">For Office Use</p> <p>Checked by: _GB_____</p> <p>Payroll No:</p>
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Date25/4/23..... Signature of Co-opted Member	Month Paid: _____
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