

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:	May 2023
Address:	Engine Size	Post Code:
		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	Start	End	e.g. Civic Centre		Travel by own vehicle		Allowance Claimed (Column 7x8)		Set by IRPW (See Rates Below)			
	(2)	(3)	(4)	(5)		Miles	Rate	£	p	£	p		
	(7)	(8)	(9)	p		(10)	p	£	p				
11/5/23	online	1600	1800	online	Educational scrutiny		45p	105	00			105	
16/5/23	online	1600	1800	online	SPC							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:	210

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.

For Office Use

Checked by: **CC**

Payroll No:

Date17.5.23..... Signature of Co-opted Member	Month Paid: _____
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Signature accepted and approved by DS 17/05/2023

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