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 Member Name:		Flizabe	eth Lee		Vehicle Reg.					Month Ending:		Sept 2023			
Address:		60 home farm way, Penllergaer, Swansea				Engine Siz Fuel Type (e.g. Petrol / Di				Post Code:		SA4 9HF			
	Start & End of Duty			Location (Place) of Duty	Description of Approved 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 meeting	Chaired the	Travel veh Miles	by own icle Claimed Rate (Column 7x8		med	Set by IRPW (See Rates Below)		Totals (Column 9+10)		
(1)	(2)	(3)	(4)	(5)	(6)		(7)	(8)	() £	9) p	(10) £ p		(11) £ p		
18/9/23	online	1600	1700	online	SPC pre meet		45p	105	00			105			
19/9/23	online	1600	1800	online	SPC										
14/9/23	online	1600	1800	online	Educational scrutiny pane							105			
											Amount Claimed:				
 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:		
Date18/9/.23 Signature of Co-opted Member												Month	Month Paid:		

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