

**DIOCESE OF OXFORD
MEETING ATTENDANCE EXPENSES CLAIM**



ODBF / ODES / STEM
(Please delete as applicable)

Please insert your name and address (including post code) in block capitals in the box below.

Name of **Board** or **Council** _____

Location							
Date							Total £
Fares							
Mileage							

Mileage rate * @ A, B1, B2, C, D, E. Total Miles _____ at rate of _____ = £ _____
 * Please circle one code - rates are shown below.
 If not marked, public transport rate will be paid.

Other costs (please attach receipts if possible):

	£
	£
	£
Total Claim	
	£ _____

Signed: _____ Date: _____

Approved: _____ Date: _____

If you have not already done so, please give your bank details or any changes to details so that we can make payments more efficiently and cheaply for you:

Bank Name:..... Branch:.....
 Sort Code:..... Account Number:.....
 Account in Name of:.....
 Signed:.....(as authorisation to make future payments based on these details)
 For remittance advice purposes my e-mail address is :

Rate of Reimbursement
From 1.4.2002

A Public Transport Rate _____ 26p

INLAND REVENUE FIXED PROFIT CAR SCHEME RATES

B	Cars - all engine sizes		
	B1	Up to 10,000 miles	40p
	B2	Over 10,000 miles	25p
C	Petrol Only - all engine sizes		10p
D	Motorcycles		24p
E	Pedal Cycles		12p