

Diocesan Officers and Staff Expenses Claim Forms

Name _____ Post: _____

Address _____

Period from _____ to _____

TRAVEL Car Mileage Allow: All engine sizes: _____

(insert rows or list below/overleaf as necessary)

CUMULATIVE MILEAGE PREVIOUS CLAIM _____

CUMULATIVE MILEAGE TO DATE _____

Parking Fees _____

Fares (details) _____

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: _____

Signed: _____ **Total deductions** _____

Approved: _____ **Net Claim £** _____

CAR MILEAGE REIMBURSEMENT RATES - from 1 April 2002

| | | | |
|--------------------|------------------|------------------------------|-----|
| Cars | All Engine Sizes | Public Transport Rate | 26p |
| Up to 10,000 miles | 40p | Petrol Only-All engine sizes | 10p |
| Over 10,00 miles | 25p | Motor Cycles | 24p |
| | | Pedal Cycles | 12p |

