MEETING ATTENDANCE EXPENSES CLAIM

DIOCESE OF OXFORD

Name of Board or Council _____

or

other purpose _____

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

Car make and model (if claiming mileage)

From & to locations						
Date						TOTAL
Fares						
Mileage						
			Total Mileage		@	

Other costs (Please attach receipts for HMRC compliance):

Total Claim £ _____

Signed: _____ Date: _____

If you have not already done so, please give your bank details or any changes to your bank details so that we can make payment

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 :

Please email the completed form together with supporting receipts/documentation to: invoices@oxford.anglican.org

Rate of Reimbursement

HMRC Approved Mileage Rates (from 6 April 2026)	
Cars	**55p**
Motorcycles	**24p**
Pedal Cycles	**20p**

HMRC Approved Mileage Rates (up to 5 April 2026)	
Cars	*45p*
Motorcycles	*24p*
Pedal Cycles	*20p*