

MEETING ATTENDANCE EXPENSES CLAIM



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)

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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:-

- Cars 45p
- Motorcycles 24p
- Pedal Cycles 20p