## **Trustees & Committee Members Expenses.**



Please complete all the details on this form. Once compete send the whole form to the appropriate board/person for authorisation.

Name:												
Position Held:												
Address:												
	-											
L			Payment	Details								
Account				Sort Coc	de:			_		_		
Name:					Number:							
Name.				Account	Number.							
Date	Journey to & from Number			Purpose of			£ Claim					
	/Other expenditu			expenditure			(total £ for miles or other					
	·						expenditure)					
Total												
Current mileage rates (per mile)		Vehicle: Cars & Vans		First 10,000 miles		(	Over 10,000 miles					
				£0.45			£0.25					
for the 2024-2025 tax year are as follows:			torcycles	£0.24			£0.24					
			icycles	£0.20			£0.20					
			,									
Signature:					Date:							
Authorised by:					<u>,                                      </u>							
Name:												
Signature:					Date:							

After authorisation, please email this PDF as an attachment to: <a href="mailto:invoices@salisbury.anglican.org">invoices@salisbury.anglican.org</a>