OXFORD DIOCESAN BOARD OF FINANCE

2023/24 GENERAL SYNOD MEMBERS ATTENDANCE EXPENSES CLAIM FORM

Applies from 6 April 2023 to 05 April 2024

Please insert your name and address in the box in block capitals



Total

Car make and model for mileage claims

Day 4

Day 5

Dates of Meeting...... Venue...... Time away from home:

lime awa	ay from home:						
	from am/pm						
	to am/pm						
	Total hours away						
Expenses	s - Please refer to notes overle	af					
Car mileage							
1	Car cost @ 45p per mile						
2	Rail fares						
	Rail journey from & to			ļ!	ļ'	ļ!	
3	Other public transport				<u> </u>		
				ļ	Í I		
	Public transport from & to				['	ļ!	
4	Taxi fares						
					1		
	Taxi fares from & to						
Total travel costs							
5	Accommodation						
6	Subsistence						
7	Loss of earnings						
	TOTAL OF CLAIM						

I wish to claim the expenses detailed above which I incurred attending the General Synod on the dates as specified.

If you have not already done so, please give your bank details or any changes to details so that we can make payments directly to your bank:						
Bank Name:Branch:						
Sort Code: Account Number:						
Account in Name of:						
Signed:	5)					
For remittance advice purposes my e-mail address is						
Signed	Date					
Authorised	Date					

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

Notes for completion of expenses claim

All expense claims except mileage claims should be supported by appropriate receipts or other documentation attached to the claim form

1 Car Mileage

Car mileage is paid only if public transport is not practicable. Reimbursement is at the HMRC transport rate of 45p in line with recommendations from Archbishops' Council. If public transport is practicable, mileage reimbursement will be limited to the estimated cost of 2nd class fares. Car make and model is collected for overall, anonymised, carbon footprint calculations.

2 Rail Fares

These should be 2nd class and should be supported by tickets, please include from and to locations.

3 Other Public Transport

This includes coach, bus and underground fares which should be supported by tickets, please include from and to locations.

4 Taxi Fares

Please only use a taxi in unavoidable circumstances, please include from and to locations.

5 & 6 Accommodation and Subsistence

The <u>actual</u> costs will be reimbursed provided they are reasonably incurred and do not exceed the allowances commended to diocese by Archbishops' Council.

Subsistence Allowance

Breakfast	£7.00	If journey started before normal daily departure time and no later than 6:30am.
Lunch	£6.00	Additional costs over and above normal lunch costs.
Dinner	£20.00	If staying away from home or not returning home before 10pm.
Incidentals	£5.00	Refreshments such as Tea, Coffee, Water etc.

Overnight Allowance including Breakfast

Inner London	£141.00
Elsewhere	£118.00

Care Allowances

If necessary provision can be made for care subject to a maximum amount as recommended by the Standing Committee of Archbishops' Council. Please contact the Diocesan Secretary, Mark Humphriss for further information.

7 Loss of Earnings

Payment can be made to lay persons for ACTUAL loss of earnings, subject to the maximum amount of \pounds 175.00 per day as recommended by the Standing Committee of the Archbishops' Council. This must be supported by the following documentation:

Self employed a self certificate that they have forgone that amount of income. For those who are self employed the amount is taxable as the allowance is being paid to compensate him/her for loss of profit.

In paid employment a certificate from the employer (i) that unpaid leave is being taken and (ii) of the cost to the employee (i.e. pay forgone after tax is deducted). For those who are in paid employment the amount is not taxable provided that the payment is calculated to do no more than replace the salary that the employee would otherwise have received from his/her employer.

Should you wish to claim under this heading, please complete and sign the relevant declaration below:-

I have incurred days loss of earnings by attending this meeting. My daily rate of pay is £...... I agree to take full responsibility to notify the appropriate authorities of any payment I may receive for loss of earnings.

Signed.....

Date.....