OXFORD DIOCESAN BOARD OF FINANCE

2024/25 GENERAL SYNOD MEMBERS ATTENDANCE EXPENSES CLAIM FORM

Applies from 6 April 2024 to 05 April 2025 Please insert your name and address in the box in block capitals



Car make and model for mileage claims

Dates of Meeting.....

	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Time away from home:						
from am/pm						
to am/pm						
Total hours away						

Expenses - Please refer to notes overleaf

Car milea	age				
1	Car cost @ 45p per mile				
2	Rail fares	'	['		
	Rail journey from & to	 '	 '	<u> </u>	
3	Other public transport				
	Public transport from & to				
4	Taxi fares				
			['		
	Taxi fares from & to	 <u> </u>	<u> </u>		
Total trav	/el costs	 ['	<u> </u>		
5	Accommodation	 ['	<u> </u>		
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 de can make payments dire	one so, please give your bank details or any chang otly to your bank:	es to details so that we
Bank Name:	Branch:	
Sort Code:	Account Number:	
Account in Name of:		
Signed:		
(as authorisa	tion to make future payments based on these detail	ls)
For remittance advice pu	rposes my e-mail address is	
Signed		Date
Authorised		Date
diosec@oxfo	ed form together with supporting receipts/documer rd.anglican.org cretary, Oxford Diocesan Board of Finance,	itation to:

Church House Oxford, Langford Locks, Kidlington. Oxford OX5 1GF

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

Subsistence A	Allowance	
Breakfast	£8.00	If journey started before normal daily departure time and no later than 6:30am.
Lunch	£7.00	Additional costs over and above normal lunch costs.
Dinner	£22.00	If staying away from home or not returning home before 10pm.
Incidentals	£6.00	Refreshments such as Tea, Coffee, Water etc.

Overnight Allowance including Breakfast

Inner London	£155.00
Elsewhere	£130.00

Care Allowances

If necessary provision can be made for care subject to a maximum amount as recommended in the Travel & Expenses Policy agreed by the National Churches Institution. Please contact the Diocesan Secretary, Mark Humphriss for further information.

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Loss of Earnings Payment can be made to lay persons for ACTUAL loss of earnings, subject to the maximum amount of £175.00 per day as recommended in the Travel & Expenses Policy agreed by the National Churches Institution. 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.....