Lichfield DAC Travel Expenses Claim Form

**Lichfield Diocesan Board of Finance
Claim for Reimbursement of Travel Expenses**

* *Mileage rate for diocesan volunteers is* ***£0.45*** *per mile*
* *Please**include* ***return journeys*** *(with home postcode)*

## Member/Adviser details

|  |  |
| --- | --- |
| **Name** |  |
| **DAC Role** |  |

## DAC site visits

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Details *(From and To)* | Miles | Amount (£) |
|  |  |  |  |
|  |  |  |  |

## Adviser site visits

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Details *(From and To)* | Miles | Amount (£) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## DAC meetings or conferences

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Details *(From and To)* | Miles | Amount (£) |
|  |  |  |  |
|  |  |  |  |

## Car parking, train tickets or other fares (please scan or post receipts)

|  |  |  |
| --- | --- | --- |
| Date | Details *(From and To)* | Amount (£) |
|  |  |  |
|  |  |  |

## Total claim (detailed above)

|  |  |
| --- | --- |
| Miles | Amount (£) |
|  |  |
| Parking, tickets or fares | Amount (£) |
|  |  |
| **Total claim** | **Amount (£)** |
|  |

|  |
| --- |
| **Signature of claimant** [signed] |
|  |

*Payment will be by bank transfer via Bacs – please ensure that the diocesan Finance Department (**finance@lichfield.anglican.org**) holds your current bank details for payment*

**Please return this Lichfield DAC Travel Expenses Claim Form, and any accompanying receipts (scanned or photographed), by email to:**

**Giles Standing, DAC Secretary**

giles.standing@lichfield.anglican.org

*For office use only*

Authorised [signed]:

Giles Standing, DAC Secretary

Date: