



**HEREFORD DIOCESAN BOARD OF FINANCE
MILEAGE CLAIM FORM**

***Month/*Quarter ending:** _____ *[please complete dd-mmm-yyyy]*

** Please delete as appropriate*

DIOCESAN APPOINTMENT HELD: DBFX Committee Member

NAME:

ADDRESS:

MILEAGE CLAIM SUMMARY: *[please complete details of each journey on mileage sheet overleaf]*

Miles claimed within the Diocese (Maximum of 833 per Month)	-	Miles	@	45p	=
Passenger miles claimed (if you carry a passenger)	-	Miles	@	5p	=
For mileage in excess of 833 per month & all journeys outside the Diocese	-	Miles	@	25p	=
Total claimed		203105	1		=

Payment by BACS to: *(please provide details if this is your first claim)*

Bank account name

Bank/Building Society sort code

Account No.

Building Society reference no. (if applicable)

Receipt of remittance advice

Please provide your e-mail address to which the remittance advice will be sent.

Email address:

Signed: Date: Authorised by: Date:

<p>Please return completed signed form by post or a scanned copy to:</p>	<p>Finance Team Hereford Diocesan Board of Finance Diocesan Office, The Palace Palace Yard HEREFORD HR4 9BL E-mail: finance@hereford.anglican.org</p>
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HEREFORD DIOCESAN BOARD OF FINANCE MILEAGE CLAIM

***Month/*Quarter ending:** _____ *[please complete dd-mmm-yyyy]*

** Please delete as appropriate*

NB If your **DESTINATION** is **OUTSIDE** the Diocese please claim the entire mileage at the lower rate.

DATE	STARTING POINT	DESTINATION	PURPOSE OF JOURNEY	TOTAL MILES CLAIMED		Passenger miles claimed
				WITHIN Diocese	OUTSIDE Diocese	
1						
2						
3						
4						
5						
6						
7						
8						
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28						
29						
30						
31						
Totals carried forward to FRONT PAGE				----- -	----- -	----- -