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| **IME Mileage expenses claim form** |
| **Name:** |
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| **Travel details** |  |  |
| **Date** | **From** | **To** | **Event** | **\*No. in car** | **\*\*Rate per mile**  | **Mileage** | **Mode of public transport** | **Amount****£ p** |
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| **Totals**  |   |   |   |   |   | **£** | **p** |

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| ***\*Transport should be shared whenever possible. Mileage may not be payable if journeys are not shared when reasonable to do so.******\*\**** ***Bike Mileage Rates 20p per mile*** ***Car Mileage Rates Up to 10,000 miles - 45p Over 10,000 miles - 25p - This applies to all engine sizes*** ***Rate for car sharing – 50p*** |
| *I confirm that these expenses have been wholly, necessarily and exclusively incurred in the course of authorised duties and that my total mileage to date is correctly disclosed.*Signature of claimant:……………………………………………….……………….….…. Date:…………………..Signature of budget holder:…………………………………………….………….……… Date:…………………..**IMETRAV CLED** |

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| ***Approved claims will be paid into your bank by BACS transfer. Please provide details if you haven’t done so already. (If you are being paid a stipend the diocese will already have these details).*** Bank:……………………………………………….Sort Code:…………………………………………Account Name:……………………………………Account Number:………………………………… |

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| *Note:**Expenses should be claimed twice a year**Claims may only be made for expenses incurred whilst travelling to or from sessions in the IME programme.* |
| **When completed please return this sheet to: (IME Administrator), Diocese of Leeds, Church House, 17-19 York Place, Leeds LS1 2EX… or email:** **cmd@leeds.anglican.org****During the pandemic please submit this form by email. Hard copies sent to the office may not be found or opened for some time.**  |