## SHEFFIELD DIOCESAN BOARD OF FINANCE

Diocesan Church House, 95-99 Effingham Street, Rotherham S65 1BL; Tel 01709 309 100 Sheffield Diocesan Board of Finance is a Company Limited by guarantee, registered in England No 196087 and Registered Charity No 245861

## **EXPENSES CLAIM: GENERAL SYNOD MEETINGS**

In conformity with the revised scales adopted by the Central Board of Finance Diocesan representatives to the General Synod may be refunded the cost of travelling and subsistence within the limitations set out below. Please complete the sections which are applicable and return this to the Secretary of the Sheffield Diocesan Board of Finance at the above address or by email to elizabeth.lunt@sheffield.anglican.org. Please enclose receipts, rail tickets etc.

Place of Me	eting:			
Date of Meeting:				
			Allowance	Expenditure
a) Return ra	il fare (2nd class) from:			
b) Local Public Transport Fares between home and place of meeting, and unavoidable taxi fares				
c) An allowance for the use of a private car, not greater than the estimated cosr of the journey by a) and b)				
d) Overnight allowance including breakfast				
	London	£	155.00	
	Elsewhere	£	130.00	
	Incidental overnight expenses - see notes	£	6.00	
e) Day Subsistence Allowance (either when night subsistence is not involved or any excess time over complete periods of 24 hours)				
	Breakfast (if journey started before normal daily c time and no later than 6.30 am)	leparture £	8.00	
	Lunch (additional cost over and above normal cost	st) <u>£</u>	7.00	
	Dinner allowance (if staying away from home and returning home before 10pm)	d not £	22.00	
	Incidental subsistence Expenses (SEE NOTES)	£	6.00	
f) Child care allowance				
	Day (per hour)	£	7.80	
	Overnight	£	44.00	
	Weekend (one night)	£	64.00	
	Weekend (two nights)	£	103.00	
g) Loss of earnings - limited to a maximum of £175.00 per day (when unpaid leave has had to be taken) Remember to declare the amount claimed to the Inland Revenue				
TOTAL CLAIM				£ -
NAME:		BANK:		
SIGNATURE:		Acct NAME:		
ADDRESS:		ACCT NO:		
DATE:		SORT CODE:		