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| Macintosh HD:Users:stella:Desktop:Sugar Ink Creative:Current Work:Gloucester Diocesan Academies Trust:LOGO:The Diocese of Gloucester Academies Trust Logo WEB.jpgGOVERNOR EXPENSES CLAIM FORM |

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| Name: …………………………..Signature: ………………………….. |  *date from: date to:*Period of claim: …………………… …………………… |

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| Date | Details of expenses (attach receipts) | Vat number | Code | Amount (£) |
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| I authorise the DGAT to repay the above named employee the expenses claimed on this form which were wholly and exclusively incurred for the benefit of the DGAT.**Signature of authorizer: Date:**  | **Total to be paid** |  |
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| MILEAGE CLAIM CALCULATION |

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| Name: ………………………….. |  |
| **Date** | **Journey details** | **Mileage claimed** |
| *from* | *to* | *purpose* | *actual* | *less commute\** | **claimed** |
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| \*Deduct your normal commute if travelling to a site en-route to or from the office | Total mileage claimed: |  |
|  | Total mileage claimed this year: |  |
| **Total claimed** (mileage multiplied by 45p) |  |

Mileage is paid at **45p** per mile up to 10,000 miles, thereafter at **25p** per mile.