

# Dorset Local Enterprise Partnership CIC

**Board Expenses** 

November 2023

# 1. Board Member Expenses

- 1.1. Dorset LEP Board member expenses is based on the Accountable Body (Dorset Council) Expense Policy.
- 1.2. Dorset LEP Board members (except for the Chair) are not remunerated but can claim reasonable travel expenses if travelling on Dorset LEP business.
- 1.3. Expenses cannot be claimed for Dorset LEP Board or Dorset LEP sub-group meetings.
- 1.4. Dorset LEP Board members should use the most economical and appropriate form of travel.

# 2. Rules and Regulation

- 2.1. Any vehicle used on Dorset LEP business should be in a safe and roadworthy condition.
- 2.2. Dorset LEP Board Members should hold the appropriate motor insurance to drive for the purpose claimed and hold a full current driving licence in respect of the vehicle used.
- 2.3. Travel and/or subsistence claims should be made monthly, usually at the end of the month.
- 2.4. All claims must be submitted and authorised within 13 weeks of the journey being undertaken.

## 3. Rates for Travel

- 3.1. Mileage rate that can be claimed is at the HMRC rate £0.45 per mile.
- 3.2. Standard rail fares must be used.

#### 4. Rates for Subsistence

- 4.1. All Board members are entitled to claim subsistence if their duties prevent them from following their normal meal arrangements AND they have to incur expenditure which is in addition to their normal outlay.
- 4.2. The cost of alcohol will not be paid under any circumstances.
- 4.3. Breakfast can be claimed if business journeys start before 7am
- 4.4. Lunch can be claimed if business journey entails working away from normal place of work between 12 and 2pm
- 4.5. Dinner can be claimed when required to work outside of usual requirements and away from normal place of work after 8.30pm

| Description                | Maximum Standard Rates | Maximum Greater & Inner<br>London Rates |  |
|----------------------------|------------------------|---|--|
| Hotel Overnight*           | £91.63                 | £120.25                                 |  |
| One Meal (5 hour rate)     | £5.00                  | £5.00                                   |  |
| Two Meals (10 hour rate)   | £10.00                 | £10.00                                  |  |
| Three Meals (12 hour rate) | £15.00                 | £15.00                                  |  |

\*Room only, inclusive of VAT

# 5. Evidence

- 5.1. Supporting documentation should be provided with all claims.
- 5.2. This should be in the form of official receipts and bills and be sufficient to substantiate all expenditure.

## 6. Procedure

- 6.1. Complete expenses form Appendix A
- 6.2. Return completed form to <a href="mailto:dorsetlep@bournemouth.ac.uk">dorsetlep@bournemouth.ac.uk</a>

# 7. Publication

7.1. Dorset LEP publishes information on the total value of expenses claimed by all Board members each year.

| DLEP Expenses Claim Form   |        |           |                    |                  |                     |                       |    |       |          |  |  |
|--|--------|-----------|--------------------|------------------|---------------------|-----------------------|----|-------|----------|--|--|
| Please use this form to claim travel expenses and ensure all relevant receipts are attached. |        |           |                    |                  |                     |                       |    |       |          |  |  |
| Please complete below in BLOCK CAPITALS  |        |           |                    |                  |                     |                       |    |       |          |  |  |
| Surname  |        |           | Forename           |                  |                     | Company Code: 4001    |    |       |          |  |  |
| Bank A/C   |        |           | Sort Code          |                  |                     | Profit Centre: 500555 |    |       |          |  |  |
| Cost   | Date C | Cost      | General Led        | ger Code         | Details of Claim    | 1                     |    | Miles | Amount £ |  |  |
| 1  |        |           |                    |                  |                     |                       |    |       |          |  |  |
| 2  |        |           |                    |                  |                     |                       |    |       |          |  |  |
| 3  |        |           |                    |                  |                     |                       |    |       |          |  |  |
| 4  |        |           |                    |                  |                     |                       |    |       |          |  |  |
| 5  |        |           |                    |                  |                     |                       |    |       |          |  |  |
| 6  |        |           |                    |                  |                     |                       |    | _     |          |  |  |
| 7  |        |           |                    |                  |                     |                       |    |       |          |  |  |
| 8  |        |           | (This column to be | a completed by A | uthorising Officer) |                       |    |       |          |  |  |
| (This column to be completed by Authorising Officer)  TOTAL                                  |        |           |                    |                  |                     |                       |    | L     | 0.00     |  |  |
|  |        |           |                    |                  |                     |                       | .5 |       | 0.00     |  |  |
| Claimant: I confirm actual expenditure and attach receipts                                   |        |           |                    |                  |                     |                       |    |       |          |  |  |
|  |        |           |                    |                  |                     |                       |    |       |          |  |  |
| Signature  |        |           | Date               |                  |                     |                       |    |       |          |  |  |
|  |        |           |                    |                  |                     |                       |    |       |          |  |  |
| Authorise  | d by:  | Signature |                    |                  | Date                |                       |    |       |          |  |  |