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| **Appendix 1.** | **Telecommunications charges** – including mobile telephones, landlines, and internet charges. |
| **Employee Name** | **Employee No.** | **Type of reimbursement** (e.g. Telephone rental, Mobile call charges, Broadband charges, etc.) | **Duration** (indicate whether this is ongoing during the whole year, one-off, or for part of the year only) | **Total value of reimbursements for year** (excluding business calls which can be supported as at (b) above) |
| ***Please do NOT include details of telephone, internet or other telecommunications expenses reimbursed via Payroll or included in the telecomm PSA*** |
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| *For more information on what is not considered to be a taxable benefit in this area and what is, please refer to the current Expenses and Guide, available via the following web link:* <https://finance.admin.ox.ac.uk/departmental-expenses-guidance>  |

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| **Appendix 2**  | **University Vehicles** |
| I confirm that this vehicle is kept overnight on University premises and that a log-book is held by the department for this vehicle which can be viewed on request. (Place a tick in the box against each vehicle for which this statement is true). |
| **Registration No.** | **Make & Model** | **Type** (e.g. saloon car, estate car, light van, agricultural tractor, etc.) |  |
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| *For more information on what is not considered to be a taxable benefit in this area and what is, please refer to the current Expenses Guide, available via the following web link:* <https://finance.admin.ox.ac.uk/departmental-expenses-guidance>  |

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| **Appendix 3**  | **Mileage Allowance** |
| **Employee Name** | **Employee No.** | **Total number of miles reimbursed**  | **Total Value of miles reimbursed** |
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| *For more information on what is not considered to be a taxable benefit in this area and what is, please refer to the current Expenses Guide, available via the following web link:* <https://finance.admin.ox.ac.uk/departmental-expenses-guidance>  |

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| **Appendix 4**  | **Staff Entertaining** |
| **Event** (e.g. Meal, staff party, etc.) | **Date** | **Group, unit or team involved**  | **No of staff attending** | **Total Cost** |
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| For each event identified above please also complete Appendix 4 – Further Details. |

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| **Appendix 4**  | **Staff Entertaining – Further Details** |
| Use this form if you have answered ‘NO’ to question (b) in section 4 and/or ‘YES’ to question (c) in Section 4. You should complete summary details of the events concerned in that section, and use the following table to detail individuals involved. An entry, or set of entries, is required for every other event identified in section4. If it is not possible to identify individuals involved then please give an explanation why and include the number of staff involved. If necessary, please use additional copies of this sheet and append them to your return. |
| **Event** (Title should agree with each event listed in section 5) | **Employee Name** (If employees cannot be identified use this column to provide reason and numbers involved) | **Employee No.** |
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| **Appendix 5** | **Course Fees** |
| **Employee Name** | **Employee No.** | **Name of course funded** | **Institute attended** | **Qualification**  | **Value of funding provided** |
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| *For more information on what is not considered to be a taxable benefit in this area and what is, please refer to the current Expenses Guide, available via the following web link:* <https://finance.admin.ox.ac.uk/departmental-expenses-guidance>  |

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| **Appendix 6**  | **Accommodation** |
| **Employee Name** | **Employee number** | **Employee Role or Job** | **Accommodation provided** (e.g. Flat, House, Room) – if utility reimbursement only is provided, leave blank | **Utility / other costs paid for** (e.g. Electricity, gas, water, repairs, decoration, gardening etc.) – if accommodation is provided but utilities not paid for, leave blank. |
| **Type of Accommodation** | **Cost of Accommodation** | **Type of Utility** | **Cost of Utility** |
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| **Appendix 7**  | **Relocation Expenses** |
| **Employee Name** | **Employee No.** | **Nature of Expense** (e.g. solicitor’s fees, removal costs, etc.) | **Date** | **Value** |
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| *For more information on what is not considered to be a taxable benefit in this area and what is, please refer to the Relocation Scheme guidance manual at the following link:* <https://finance.admin.ox.ac.uk/relocation-scheme>  |

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| **Appendix 8** | **Third Party Benefits** |
| **Employee Name** | **Employee No.** | **Nature of Expense** (e.g. Health Care) | **Paid To** (e.g. Porterhouse College) | **Date** | **Value** |
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| **Appendix 9** | **Subscriptions to Professional Bodies/ Journals and Periodicals** |
| Please complete a separate appendix 9 for each subscription to a professional body reimbursed to the employee or paid directly that is **not included** on HMRC list 3 and has not been processed through the payroll or included in the PSA during the year. |
| Employee No |  | Employee Name |  |
| Name of Professional Body |  | Value Paid |  |
| Please tick **one** of the following statements and follow the procedures as instructed. |
| **(a) The Department or employee contracted with Professional Body on behalf on an individual and the department paid the fee directly.**These fees are Class 1 NI’able (but not PAYE tax) and should be reimbursed through the payroll. |  |
| **(b) The employee contracted with the Professional Body and department reimbursed the employee**These fees are taxable and Class1 NI’able and should be reimbursed through the payroll. If the fee has already been reimbursed to the individual you need to report the value to the Head of Payroll so that tax and NI can be collected at source. This form will be passed to the Head of Payroll. |  |
| *For more information on subscriptions please refer to the Expenses Guide at* <https://finance.admin.ox.ac.uk/departmental-expenses-guidance>  |

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| **Appendix 10** | **Assets bought , sold or given to employees** |
| **Employee Name** | **Employee No.** | **Nature of Asset** (e.g. Computer , Mobile Phone) | **Brand / Model Type** (e.g iPhone X) | **Date Asset transferred** | **Estimated second-hand value at date of transfer.** | **Price Asset was sold for.** |
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| **Appendix 11** | **Other Benefits** |
| **Employee Name** | **Employee No.** | **Nature of Expense** (e.g. Loans, Meals) | **Date** | **Total Value** |
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