



Expense Claim Form

Item Number <i>please number receipts / supporting documentation with same number</i>	Description of Expense <i>Please give details, including when expense was incurred For mileage, please include your calculation</i>	Amount Claimed
		Total Claim

If you would like to be paid by BACS transfer, please give bank details:

Name of Bank

Sort Code

Account Number

Signature and date

Pastor's signature and date

Please give this completed form and accompanying documents to the Treasurer