PAULSGROVE BAPTIST CHURCH

Expense Reimbursement Form

Name:			Month of:		
	All columns must be filled ou	it completely and r	occints attached		
Date	Payee	it completely and it	Item and/or purpose	Amount (£:p)	Account Code
			an and property	:	
				:	
				:	
				:	
				:	
				:	
				:	
				:	
				:	
				:	
				:	
				:	
				:	
				:	
				:	
				:	
			Total Expenses exc. mileage:	:	Α
Date	Destination	Distance (miles)	Purpose of Journey		
				-	
				=	
	Total Mileage:		Mileage Charged at 40p per mile:	:	В
					1
			Reimbursement Amount:	:	A + B
Claimant		1	Treasurer		
Signed:			Signed:		
Date:			Date:		
-	nade by Bank Transfer	1		7	
Bank Name			If we do not already hold your bank		
Branch			details or if these have changed since		
Sort Code		we last transferred money to your account please complete Bank Details otherwise you can leave blank.			
Account Number					
Account Name				_	
To be completed by	by Treasurer				
CAF Reference					
2					