DIOCESE OF ST EDMUNDSBURY AND IPSWICH
EXPENSES CLAIM FORM

Name: _____ Period: _____to _____ Parish or Reimbursing Authority _____

Type of Claim: [Please tick only ONE] Parish ☐ DBF Employee: ☐ Rural Dean: ☐ Committee: ☐ Other [Specify]:_____

Engine Size: _____cc

ITEM	DATE	CODE	DETAIL	£	p
Car Mileage			Miles | | Rate |		
			Miles | | Rate |		
			Miles | | Rate |		
			Miles | | Rate |		
Other Travel					
Phone/Fax					
Stationery					
Postage					
Photocopying					
Secretarial					
Other [Specify]:					
			Total Expenses Claimed:		

NB. Vouchers must be attached where possible.

DATE	JOURNEY [& COMMITTEE IF APPLICABLE]	MILES