

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
Total Miles		

Address to which Cheque to be sent: _____

Signed by claimant: _____
 Authorised: _____