

Claim for Reimbursement of Expenses

Name: _____

Outside Diocese _____ miles @ 25p/mile Total: _____

Description	Budget	Authorisation (Signature / Email)	Receipt / Invoice attached Y/N	Amount
			TOTAL	

Date: _____

St Kea Church
Details of Journeys by Car

Date	From	To	Miles	
			In Diocese	Out of Diocese
		TOTAL		

Please transfer totals to the top of previous page to calculate amount to claim.