## St Kea Church

## **Claim for Reimbursement of Expenses**

Claim period (month/ye	m period (month/year):					
Name:						
Use of Car: Please enter	r journey deta	ils in the m	ileage table ov	erleaf.		
Within Diocese miles @ 45p/mile			Total	Total:		
Outside Diocese	miles @	miles @ 25p/mile Total:				
Description	ı	Budget	Authorisation (Signature / Email)	Receipt / Invoice attached Y/N	Amount	
				TOTAL		
I certify that I have purchaclaimed are wholly in res	ased/received pect of my off	I the goods icial duties	/services desc with Kea churc	ribed above. Th	ne expenses	
Signad:			Data:			

## St Kea Church

## **Details of Journeys by Car**

			Miles		
Date	From	То	In Diocese	Out of Diocese	
		TOTAL			
		TOTAL			

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