

Expenses Claim Form



Once completed and approved, please submit this form together with receipts/supporting evidence to the Church Office.

Claimant Details

Bank Details

Name		Account No.	
Email Address		Sort Code	
Date		Account Name	
Signature			

Expense Claim Details

Date	Detail of Expense	Travel	Subsistence	Other
Totals				
Total Claimed				

Please indicate which St John's account the expense should be paid from:

General	PlayBox	Centre	Atrium Cafe
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Approval (by Line Manager / Ministry Lead)

Office Use

Name	
Signature	
Role	
Date	

All receipts received	
Date payment made	