

# GENERAL EXPENSE CLAIM FORM

Number	Date	Description (if applicable, state reason for expense)	Receipt Included (Y / N)	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
				Subtotal
				Mileage
				Total

I certify that this claim is accurate and that all these expenses were incurred for the business of Hayes Town Chapel.

Signed \_\_\_\_\_

Sort Code \_\_\_\_\_

Name \_\_\_\_\_

Account Number \_\_\_\_\_

Date \_\_\_\_\_

Instructions: 1. After completing form, print it and hand to treasurer. 2. Include original receipts/invoices if possible

# EXPENSE CLAIM FORM

## Mileage

Number	Number of miles	Rate (£ per mile)	Amount (£)
1			£0.00
2			£0.00
3			£0.00
4			£0.00
5			£0.00
6			£0.00
7			£0.00
8			£0.00
9			£0.00
10			£0.00
Total			£0.00