



Eastwick Road Church - Expenses Claim

Date	Description	Miles or Cost	
	Total Mileage @40 p/mile		
	Total Cost		

Receipts should be attached where possible

Please reimburse me for the expenses above which I incurred on behalf of the church.

Name:		Date:	
Signed:			

The church would prefer to reimburse you by direct payment to your bank account. Please give your account details below.

Bank Name:	
Sort Code:	
Account:	