

Name: _____

Month Expenses Incurred: _____

EXPENSES INCURRED ON BEHALF OF THE CHURCH

<i>Please specify all details including Accounts Code (where known)</i>		Account Code	£	P
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
Total Expenses Incurred on behalf of the Church				

(If this is your first claim)

Claimant Account No.: _____

Claimant Sort Code: _____

Signature of Claimant: _____

Date: _____

Authorised by: _____

Date: _____

Please ensure that all receipts are attached to this form.

Accounts Codes

o Parish Share	" Electricity	@ Communications
p Upkeep Of Services	£ Water	kk Pastoral Care
q Cleaner & Materials	\$ Bank Charges	ll StPA Youth & Children
r Minor Fabric Repairs	% Accountancy	aa Other Ministry Related Expenses
s Maintenance Contracts	^ Administrator	bb Schools / Brownies / Clubs
t Deanery / Dioc. Fees	& Cleaner	cc Clergy & Staff Expenses - Travel
u Annual Licences	mm Lay Pastor - Community Café	dd Clergy & Staff Expenses - Other
v Office Admin & Supplies	nn Community Garden Facilitator	ee Major Updates To Building
w Office Tel & Internet	(Mission Partnerships	ff Initial Build Costs: Surveys, Exp, etc
x Church Furniture / Items) Outreach Activities	gg Planned, ongoing Building Costs
y PA System / Lighting / AV	- PlayNGro	hh Church Leader's Discretionary Func
z Insurance	[Revelation Wellness	ii Ops & DCC Training, Conf / Retreat
! Gas Bottles & Heater Hire] StPA Community Garden	jj Special Projects
	# Gro Outdoors	