

Name: \_\_\_\_\_

Month Expenses Incurred: \_\_\_\_\_

(Please complete a separate claim for each month.)

**EXPENSES INCURRED ON BEHALF OF THE CHURCH**

*Please specify all details including Accounts Code*

	Accounts Code	£	P
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
<b>Total Expenses Incurred on behalf of the Deanery</b>			

Signature of Claimant: \_\_\_\_\_

Date: \_\_\_\_\_

Authorised by: \_\_\_\_\_

Date: \_\_\_\_\_

*Please ensure that all receipts are attached to this form.*