



# General Expenses Claim Form

## Claim for reimbursement of expenses incurred

by \_\_\_\_\_ in the month of \_\_\_\_\_ 20\_\_\_\_\_

*Please attach receipts*

DESCRIPTION	CODE	AMOUNT
Use of car _____ miles @ _____ per mile	35	
Parking charges	35	
Postage and personal stationery for church admin	42	
Books for church use	43	
Hospitality at church meetings or events	35	
Training (course fees / expenses)	35	
Office equipment and stationery for church	42	
Children's resources	38	
Musical resources	46	
Flowers	45	
Cleaning supplies: Coffee Shop / Church ( <i>delete as applicable</i> )	40	
Fundraising costs	30	
Miscellaneous ( <i>please detail</i> ) _____ _____ _____ _____		
<b>TOTAL</b>		

Signed \_\_\_\_\_ (Claimant) \_\_\_\_\_ (date)

Signed \_\_\_\_\_ (Rector / PCC Secretary) \_\_\_\_\_ (date)

Signed \_\_\_\_\_ (PCC Treasurer) \_\_\_\_\_ (date)

Bank Name \_\_\_\_\_ A/C Name \_\_\_\_\_

A/C Number \_\_\_\_\_ Sort Code \_\_\_\_\_

