



St Asaph Diocesan Board of Finance

Expenses Claim Form

Name:	
Address:	
I claim the following expenses incurred by me in my capacity as: <p style="text-align: right;">(Budget Heading)</p>	
For the period from:	to:
Signed:	Date:

CLAIM DETAILS

Total mileage from overleaf @ _____ p

Other expenses (to be supported by receipts)

Postage

Stationery

Telephone

Others

Total expenses £

Authorised for payment by:	Date:
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