

## Expenses claim form

Name:

Job title:  (or Board/Committee attended)

Address:

Telephone:

E-mail:

Claim for the period:  to

Re-imbursements are administered on or near the 15th of each month. Claims must be submitted, checked and authorised by this date for payment to be made, therefore we suggest submissions are made by the 7th of each month. 'Other expenses' cannot be reimbursed without relevant supporting documentation (i.e. receipts) and staff expenses must be authorised by your line manager. If you have regular expenses we ask that you make claims monthly.

The completed form should be sent to:  
The Finance Department, Diocesan House, 109 Dereham Road, Easton, Norwich NR9 5ES 01603 882342

**Please itemise each expense overleaf and attach all receipts, then complete the summary below:**

### Claim summary

A. Car mileage	£
Bike mileage	£
B. Other expenses	£
Total claimed	£

### Payment details

Please reimburse me by BACS to:

- Bank details as previously provided  
 Bank details as follows (if not provided before or have changed):

Account No.:

Sort code:

Account in the name of:

I confirm that the above expenditure has wholly been incurred carrying out duties for the Norwich Diocesan Board of Finance Ltd.

Signed:  Date:

For Office use only	Initials	Date		
Calculations and additions checked			Expenses A/C No.	
Authorised by appropriate senior officer			Journal No.	Date:
Approved for processing			Chq No.	Date:

