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|  |  | **e-mail back to:** finance.bournemouthmethodists@gmail.com  **or post to:** BMC Office, Victoria Park Church, Edgehill Road, Winton, Bournemouth, BH9 2QG |
|  |

**EXPENSES CLAIM FORM**

|  |  |  |
| --- | --- | --- |
| Name: |  | Group/Mission Centre volunteering for: |
|  |  |
| Bank Sort Code:  Bank Account Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Expenses will be reimbursed on production of the relevant receipts. Please remember to keep receipts, bus tickets etc. | | | |
| Date | Item | Cost £ | Code  *for office use only* |
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|  | **TOTAL EXPENSES CLAIMED:** |  |  |

|  |  |  |
| --- | --- | --- |
| I declare that this claim is accurate and incurred during my voluntary role for the above named group. | | |
| Signature: |  | Date: |

|  |
| --- |
| ***OFFICE USE ONLY***  *Agreed by and date:*  *Amount payable:*  *Paid by and reference:* |