



Poole Bay
Methodist Circuit

E-mail to: office.pbmc@gmail.com
Post to: Circuit Office, c/o Winton Methodist Church,
 Heron Court, Bournemouth BH9 1DE

EXPENSES CLAIM FORM FOR VOLUNTEERS

Name:

Group 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 <i>for office use only</i>
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: