

PBMC SUPERNUMERARY & LOCAL PREACHER EXPENSES CLAIM FORM

Name:

Period covered by this claim:

| Date | Details of preaching appointments <small>(e.g. home postcode to church & return)</small> | Miles Travelled <small>(45p per mile)</small> | Preaching Fee <small>(Supernumerarys only)</small> | Other Expenses <small>(inc public transport, parking charges etc)</small> |
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| TOTALS: | | £ - | £ - | £ - |
| TOTAL CLAIM: | | £0.00 | | |

I declare that this claim is accurate and incurred on the business of the PBMC Circuit. By typing my name here, I am signing this form electronically. I agree my electronic signature is the legal equivalent of my manual signature on this claim form.

Signature: Date:

(For office use only below this line)

Authorised by: Date:

Amount payable: £

Paid by: Date:

Ref: