Baxenden St John & Accrington St Paul Clergy Claim for Reimbursement of Expenses Period:

Name:			Period:			
Hospitality			months @		£15.00	0.00
Mileage	Date		Journey		Miles	
	Date	Start Point	Destination	Finish Point	ivilles	
	1	Rate	£0.45	Mileage	0.0	0.00
Mission Work						
DI 0						
Phone &						
Internet						
Duinting						
Printing,						
Postage &						
Software Books						
ROOKS						
Other						
Other Working Exp.						
					Expenses	0.00
			CLE	ERGY EXPENSES (Expenses	0.00 £0.
Working Exp.	hat all expenditu	re is true and for the			LAIMED	£0.
Working Exp.	hat all expenditur	re is true and for the		nden St John and Acc	LAIMED	£0.
I confirm t	hat all expenditu	re is true and for the			LAIMED	£0.
I confirm t Signed Incumbent:	hat all expenditu	re is true and for the		nden St John and Acc	LAIMED	£0.
I confirm t	hat all expenditu	re is true and for the		nden St John and Acc	LAIMED	£0.