Baxenden St John & Accrington St Paul Clergy Claim for Reimbursement of Expenses Period: Name: Hospitality months @ £15.00 Hospitality 0.00 Mileage Journey Date Miles Destination **Finish Point Start Point** Rate £0.45 0.0 Mileage 0.00 **Other Working Expenses Other Working Expenses** 0.00 Phone & Internet **Phone & Internet** 0.00 Printing, Postage, Stationary, Books & Software Printing, Postage, Stationary, Books & Software 0.00 **Mission Work Mission Work** 0.00 **CLERGY EXPENSES CLAIMED** £0.00 I confirm that all expenditure is true and for the purposes of St John's Church Signed Date: Incumbent: Signed Date:

Please ensure that \underline{all} receipts are attached to the signed expenses form

Treasurer: