

North Western Synod Meeting - expenses claim form

Car Travel (driver only)

Number of miles _____ at 25p per mile £ _____

Public Transport fare £ _____

Other costs incurred (with receipts) £ _____

Total £ _____

Name: (block capitals please) _____

Signed: _____

Date: _____

email: _____

NB: to be taken as signed when claiming mileage as above

I confirm that my car remains insured, taxed, road worthy, fit for its purpose and continues to have a valid MOT certificate if required by its age.

Expenses Claim Form - banking details

You are only required to complete this side once

Your details will then be kept by the Synod Office for any future reimbursements

Bank: _____

Branch: _____

Account Name: _____

Sort Code: () () ()

Account Number: () () () () () ()

