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# **Parish Church Claim Form**

##### Name: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Description** | **£** | **Date** | **Code****(Office use only)** |
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| **Mileage claims****Journey Miles\*** |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Sub total |  |  |  |
| Carried Over |  |  |
| \*Staff mileage paid at £0.45 per mile Volunteer mileage rate to be agreed Total |  |  |
| This claim is accurate and incurred in connection with the business of Buckingham Parish Church | Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Authorised: Date:

Claims must be authorised by budget holders.

Expenditure over £50 must receive budget holder’s approval prior to expenditure.

All claims will be paid electronically unless specifically stated otherwise.

Please include your bank account details below if you have not be paid via BACS previously.

BACS Details:

A/C Name:

A/C No:

Sort Code: \_\_\_ - \_\_\_ - \_\_\_