St John's Church Wimborne - Expense Reimbursement Form

Claimant:

Role:

| Date of purchase | Item | Purpose / Category | Supplier | Cost (incl VAT) |
|---|------------------------------------|--------------------|-------------------------------|--------------------|
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| We will pay by BACS so please provide your bank details (if we don't already have them) or indicate if you prefer a cheque. | | Sub-total | | |
| aireaay nave | tnem) or inalcate if you prefe | r a cneque. | Less cash advance | |
| Assessmt No. | | Sort-Code | Total reimbursement | |
| Account No. | | Sort-Code | Don't forget to a 1 | ttach receipts: |
| Or ent | ter YES to be paid by Cheque: | | | |
| | | |] | |
| Claimant's Signature | | Date of Claim | J | |
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| Approved By | | Date | J | |

Please complete your form and return it to the Church Office with the accompanying receipts.

You may scan the receipts and email them with the completed form to paula@stjohnswimborne.org.uk
or attach your receipts to a completed and printed form