Peachcroft Christian Centre

Lindsay Drive, Abingdon, OX14 2RT

Phone: (01235) 530227

Name:

Address:

EXPENSE CLAIM FORM

Date	Details	Amount £
	Total **£**	

I certify this claim is correct and properly chargable to Peachcroft Christian Centre

Dated _____ **Signed** _____

For Payments by BACS please supply your Sort Code & Account Number

Sort Code _____ **Account Number** _____

No Claims will be paid without a fully completed signed claim form detailing all expenditure - please attach receipts

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Office Use

Date paid Paid by: Chq No: _____ Signature of paying officer

BACS

Entered in books Authorised by _____

Treasurer: Iain Carvel, 5 Holywell Close, Abingdon, OX14 2PU

Phone: (01235)537606 e-mail: iain.carvel@ntlworld.com