

# Bloxham Baptist Church

## Expenses Claim Form

Period covered by Claim:..... Name:.....

Type	Details <small>Please use an attached sheet if insufficient space</small>	Amount	Receipt(s) attached?
Car Mileage			
Telephone			
Utilities			
Courses/ Conferences/ Subscriptions			
Literature/ Books/Media			
Other			
Total Amount Claimed:			

Signed: .....

Approved:.....

Date:.....

Date:.....

Paid On:	Cheque No.
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