

GALASHIELS BAPTIST CHURCH

Expense Re-imburement Claim Form

Receipt Date	Supplier	Expense Description (Mileage, stationary etc)	Category (Awana, Sunday Club etc)	Amount £
Total Claimed				

Cheque Payable to _____

Name and Address _____

Please submit completed form to the Treasurer

FOR TREASURERS USE ONLY
DATE:
CHEQUE NUMBER

ALL RECEIPTS MUST BE ATTACHED TO THIS FORM