



Ely Diocesan Board of Finance General Expenses Claim form

Period Covered (DD/MM/YY - DD/MM/YY)	
Start Date	
End Date	

Claimant Name (PRINT)		Authorised by (PRINT Name)	
Claimant Signature		Authorised by Signature	
Date (DD/MM/YYYY)		Date (DD/MM/YYYY)	

Date	Details of claim	Mileage	Other travel costs (£)	Other general costs (£)	Description of other general costs	Total (£)
Totals						
Total mileage				Mileage rate £	0.45	
Total of claim						

Please attach receipts where applicable and send completed claim to the budget holder: Diocesan Board of Finance, The Ely Diocesan Board of Finance, Diocesan Office, 206 Wellington Road, Lancaster Way Business Park, Witchford, Ely, Cambridgeshire, CB6 3NX
For payment via BACS please provide your bank details with your first claim.