

Mothers' Union
Coventry Diocese
Expense Claim Form 2025

Name: _____

Role: _____

	£
Travel: Tube/bus/taxi/train/coach (where possible book in advance)	
Car _____ miles @45p/mile*	
Conferences	
Telephone	
Postage	
Photocopying 3p a sheet	
Other	
TOTAL	

Signed: _____ Date _____

Countersigned: _____ Date _____
 (DP/VP)

*Please let me have your bank account details for a bank transfer: -
 Account No:*

Sort Code:

Account Name

*Please attach invoices or receipts if possible
 * mileage schedule overleaf*

Return to the Finance Administrator, Coventry Mothers Union
 7 Priory Row, Coventry, CV1 5EX

Mileage Form

Date	From	To	Purpose	Mileage
			Total miles	
		Cost at 45p per mile		