Mothers' Union
Coventry Diocese
Expense Claim Form

Name: _____

Role: _____

	£
Travel: Tube/bus/taxi/train/coach (where possible book in advance)	
Car _____ miles @55p/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 55p per mile		