



**PCC OF ST BARNABAS EXPENSES CLAIM VOUCHER**

**ALL PAYMENTS SHOULD BE MADE ELECTRONICALLY**

Name of Claimant

Bank details:  
 Account Name:  
 Sort Code:  
 Account Number:  
 Reference:

Date Submitted

REF.	DATE	Receipt (Y/N)	DESCRIPTION (All supporting documents to be attached)	TOTAL inc VAT
1				
2				
3				
4				
5				
6				-
7				-
8				-
9				-
10				-
11				-
12				-
13				-
14				-
15				-
16				-
17				-
18				-
19				-
20				-
			TOTAL EXPENSE CLAIM	-

**Claimant Signature**

I certify that the expenditure above has been incurred on behalf of the PCC St Barnabas Ealing

Date

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**Checked and Approved (Vicar or Church Wardens)**

I certify that the amounts have been incurred on behalf of the PCC of St Barnabas

Date

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