

**UNITED REFORMED CHURCH  
WEST MIDLANDS SYNOD**

**CLAIM FOR REIMBURSEMENT OF EXPENSES  
INCURRED ON BEHALF OF SYNOD**

**Name**

**Committee/Appointment**

**Date/Period covered by Claim**

Item of Expense	Amount
	£
Travel -       miles at 25p per mile	
Travel - cost of using public transport	
Travel - parking	
Postage	
Telephone calls	
Photocopying	
Stationery	
Books and Resources	
Other training facilities	
Other expenses - as detailed	
<b>Total Expenses</b>	£

As far as possible expense claims should be supported by invoices or receipts or some other brief explanation of the purpose of the expense.

Signed

Date of Claim

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Details of journeys undertaken in privately owned cars for which reimbursement is

sought. Please submit this form with your expense claim.

<b>Date</b>	<b>Journey from</b>	<b>Destination</b>	<b>Purpose</b>	<b>Miles</b>
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**Total Business Miles**

**Name**