

**CATHOLIC DIOCESE OF EAST ANGLIA
GENERAL EXPENSES CLAIM FORM**

Name.....

Address.....

.....

.....

.....

Post Code.....

Tel. No.....

DETAILS OF CLAIM	AMOUNT
TOTAL	

Claimant's Signature:

Date.....

Authorised by:

Date.....

Please attach original receipts and return this completed form to:
Parish Treasurer

BANK DETAILS FOR PAYMENT

Name on Bank Account

Bank Account Code

Bank Sort Code (6 digits)-.....-.....

For Office Use Only	
Date Paid	
Coded To	