ELY DIOCESAN BOARD OF FINANCE

Expenses claim for the month (s) of: **Name:**

DATE	DETAILS OF CLAIM	MILEAGE	TEL. £	POSTAGE £	STAT. £	SEC. ASSIST £	OTHER TRAVEL £	OTHER COSTS (specify)	TOTAL £
	Totals								

Total Mileage _____ Mileage Rate _____ p Mileage Value _____

Signed ..... Date ..... Total of Claim _____

Please attach receipts where applicable and send completed claim to: THE SECRETARY, ELY DIOCESAN BOARD OF FINANCE, BISHOP WOODFORD HOUSE, BARTON RD, ELY, CAMBS., CB7 4DX