**EXPENSES Claim Form for Readers / Worship Leaders etc**

**Name:** ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(Please Print)***

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(Please Print)***

**Quarter Ending:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date** | **Parish / Description** | **Type of Service:****Interregnum****/ Sickness** | **Other Claimable Expenses****£** | **Miles****Travelled** |
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| **TOTALS** | **£** |  |
|  | **Total Miles\_\_\_\_\_\_\_@ £0.45/mile =** | **£** |
| **TOTAL EXPENSES CLAIMED** | **£** |

Please remember that expenses are NOT payable from the Diocese where a Reader / Worship Leader etc, exercises ministry in his / her own Benefice. If you are responsible for services due to sickness or interregnum ***in your own Benefice***, please request reimbursement from the Deanery Fund.

**I confirm that I have taken the above services and apply for reimbursement of the above expenses that have been necessarily incurred by me in carrying out my duties.**

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reader / Worship Leader etc

OFFICE USE ONLY

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| ***Approved (sign):***  |
| ***Position / Date:***  |