Expense Claim Form

NewWine
Local churches changing nations

EVENT

PERIOD or DATE

Name

Address

Email

Bank Account

Date	Details (include purpose)	Amount	Office Use
ATTACH ALL RECEIPTS TO THE BACK. RECEIPTS MUST HAVE A GST NUMBER			
	TOTAL		

SIGNED _____ **DATE** _____

_____

AUTHORISED: NAME (Capitals) / Date / Signature

OFFICE USE

Date paid: Method: Internet / Cheque / Cash

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