

# Expenses Slip

I wish to claim reimbursement for the following expenses. I agree that the claim is accurate and incurred in connection with the business of the charity.

Please tick to indicate whether:

- I have attached an invoice or receipt (copy or original)
- I will email an invoice or receipt (copy or original)

Item of Expense: \_\_\_\_\_

Name: \_\_\_\_\_

Cost: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



High Street, Llantrisant, Pontyclun, RCT, CF72 8BR  
www.taborbaptistchurch.co.uk

Treasurer: Dr Sonal Khirwadkar  
treasurer@taborbaptistchurch.co.uk

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