## **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:	
Authorised:	Signature:	
High Street, Llantrisant, Pontyclun, RCT, CF72 8BR www.taborbaptistchurch.co.uk	Treasurer: Dr Soi treasurer@taborbapti	
Expenses Slip		Tabor Baptist Church
I wish to claim reimbursement for the following expenses. I agree with the business of the charity.	that the claim is accurate and incurred in con	nection
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)		
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High Street, Llantrisant, Pontyclun, RCT, CF72 8BR www.taborbaptistchurch.co.uk	Treasurer: Dr So treasurer@taborbapti	
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Authorised: