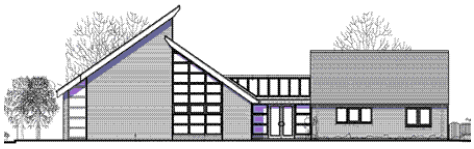
Peachcroft Christian Centre
Lindsay Drive, Abingdon, OX14 2RT
Telephone (01235) 530227



Name:

Address:

EXPENSES CLAIM FORM

Date	Details	Amount £
	Total £	

I certify this claim is correct and properly chargeable to Peachcroft Christian Centre

Dated _____ **Signed** _____

For BACS payment:
Account name: _____ Sort Code:_____ Account No._____

Office Use

Date paid _____ Paid by: Chq No: _____ Signature of paying officer _____
Cash

Entered in books _____

Please hand to Treasurer for payment.