

LICHFIELD DIOCESAN BOARD OF FINANCE

Expenses of Office – Non-Stipendiary Minister

Name : _____
Address : _____

CAR EXPENSES (see note below) _____
ANY OTHER : Please specify _____

TOTAL _____

Car expenses are at the mileage rate of 45p per mile.

Signature of Claimant

Date

Authorised by :- Name

Signature

Position