**DIOCESE OF CARLISLE**

 **EXPENSES CLAIM FORM**

|  |  |
| --- | --- |
| **Part 1 PURCHASE LEDGER** This part to be completed by Accounts Department | INVOICE NO. |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Account No |  |  |  |  |  |  |  |  | COMPANY |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Invoice Date  |   |  |  |  |  |  |  |  | DATE PAID |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | CHEQUE/BACS REF |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| **Part 2 NOMINAL LEDGER** This part to be completed by the Claimant |
| **Budget Centre** | **Nominal Short Code** | **Amount** |
| CMD Grant | 53700 / CMD |  |  |
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|  |  |  |  |
|  | **TOTAL EXPENSES CLAIMED £** |  |  |
|  |  |  |  |  |
| ***Payment to:*** Your nameYour AddressYour email addressYour Bank details |  | ***This box to be signed by the Claimant***Date |  |  |
|  |  |  |  |  |
|  |  | ***Checked and Authorised by***: .....................................................................................Date: .......................................................................... |  |  |  |

**Please ensure that you include receipts for your claim.**