**DIOCESE OF CARLISLE**

**EXPENSES CLAIM FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Part 1 PURCHASE LEDGER**  This part to be completed by Accounts Department | | | | | | | | | | | | | | | | | | | INVOICE NO. | | | | | | | | | | |
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| Account No | | | |  |  |  |  |  |  |  |  | COMPANY | | | | | | |  | | | | | | |  | | | |
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| Invoice Date | | | |  |  |  |  |  |  |  |  | DATE PAID | | | | | | |  | | | | | | |  | | | |
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| **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 £** | | | | | | | | | | | |  | | |  | | |
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| ***Payment to:***  Your name  Your Address  Your email address  Your Bank details | | | | | | | | | |  | | ***This box to be signed by the Claimant***  Date | | | | | | | | | | | | | | |  | |  | | |
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|  | | | | | | | | | |  | | ***Checked and Authorised by***:  .....................................................................................  Date: .......................................................................... | | | | | | | | | | | | | | |  |  | | |  | |

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