REIMBURSEMENT REQUEST FORM

The **Midlands** Churches of Christ
Wolverhampton, Birmingham, Leicester

This form is to be used for the reimbursement of expenses incurred by members and to authorise payments where suppliers invoice the church directly.

Please complete the form in **BLOCK CAPITALS** in black or blue ink and return to the Administrator.

Name of claimant: .....

Address: .....

..... Postcode: .....

PAYMENT METHOD (tick box for a cheque or complete banking details)**:**

State payee or account name (if different to name above);	**Direct Bank Transferring** Tick here if details given previously are still correct* [ ] Sort Code ☐☐ – ☐☐ – ☐☐ Account No. ☐☐☐☐☐☐☐☐
Cheque – tick inside this box	

Please confirm what the request is for, including relevant details (e.g. date of the event, number of people attending, currency/exchange rate). Please attach extra sheets or write on the back if required:

. . . .

. . . .

. . . .

. . . .

Total £ . . . . . .

Have you attached receipts? YES ☐ NO ☐ (Please tick)

Please note the church is not obliged to reimburse without receipt(s) or receipts more than 6 months old. If you have any further comments to clarify your request please add them below or use a continuation page:

. . . . . .

. . . . . .

CONFIRMATION AND APPROVAL OF REQUEST:
I confirm the above claimed expenses were all necessarily incurred by me on church business.

Signature of Claimant: . . . . . Date: . . . . . .

Approval and authorisation for MCOC to raise a cheque in the amount requested for the claimant:

	Trustee (always req'd)	*Bank signatory (<u>only</u> for direct bank transfer)*
Signature	.....	.....
Name	.....	.....
Date	_____	.....

For Office Use Only	Budget allocation	£	Drawing Account:
	.....	.....	
	.....	.....	Chq No. or IB date:

* MCOC does not accept responsibility for payment to an incorrect account if account details are not supplied here.