

**Mothers' Union**  
**Coventry Diocese**  
**Expense Claim Form 2024**

Name: \_\_\_\_\_

Role: \_\_\_\_\_

	£
Travel: Tube/bus/taxi/train/coach (where possible book in advance)	
Car _____ miles @45p/mile*	
Conferences	
Telephone	
Postage	
Photocopying 3p a sheet	
Other	
TOTAL	

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Countersigned: \_\_\_\_\_ Date \_\_\_\_\_  
(DP/VP)

*Please let me have your bank account details for a bank transfer:-  
Account No:*

Sort Code:

Account Name:

*Please attach invoices or receipts if possible and complete the mileage  
schedule opposite*

Return to the Finance Administrator, Mothers' Union Office,  
1 Hill Top Coventry. CV1 5AB

**Mileage Form**

Date	From	To	Purpose	Mileage
			<b>Total miles</b>	
<b>Cost at 45p per mile</b>				