THE UNITING PRESBYTERIAN CHURCH IN SOUTHERN AFRICA.

COMMITTEE EXPENSES CLAIM FORM.

Name: _____

Address: _____

Committee: _____

Mode of Travel: _____

Date of Meeting: _____

Distance Travelled: _____ Kilometres R_____

Fight expenses: _____R_____

Accommodation: _____R_____

Other Expenses: (Food, Toll fees, printing, stationery etc.):_R_____

Details: _____

_____

Entertainment: _____

_____R_____

TOTAL Claim: R_____ Charge ……..Committee

Date: _____ Signed: _____

_____

Countersigned:

Amount: R_____

Date: _____Convener:_____

BANKING DETAILS

BANK_____ BRANCH_____

Account holder_____ Account number_____

For office use: Cost centre/account _____R_____
_____R_____
_____R_____
_____R_____
_____R_____

TOTAL: _____

PLEASE ATTACH ALL SUPPORTING DOCUMENTATION FOR AUDIT PURPOSES.