WINTER SHELTER
EXPENSE CLAIM FORM – YEAR 2018/2019

Name (or Church if appropriate) ……

Address ……..

……..

Telephone No. (in case of an query) ……..

I/We wish to claim re-imbursement of the following amount, this being expenditure incurred on behalf of the Winter Shelter. (Receipts must be attached for all amounts claimed)

Date	Details	Amount
		:
		:
		:
		:
		:
		:
		:
		:
		:
	TOTAL AMOUNT CLAIMED	**£ :**

Signed: …… (Individual/Church/Venue Manager)

Completed form together with receipts should be sent to:
The Project Administrator, Dartford Churches Winter Shelter, PO Box 438, Dartford, Kent, DA1 9NJ