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**WINTER SHELTER
EXPENSE CLAIM FORM – YEAR
2019/2020**

Name (or Church if appropriate)

Address

.....

Telephone No. (in case of a query)

I/We wish to claim re-imbusement 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**