stockportfamily**church**

Expense & Payment Approval

Date of Claim:	Person making Claim:
Claimant's Signature:	Cheque Payable to:

Receipt/ Invoice Number	Description of Item	A/c Code	Budget Category	Amount (£)	Budget Holder	Budget Holder Signature	2nd Signature (if required)
				0.00			
			Total	0.00			

Church Finance use only:

Effective date :	Reference 1 :	Reference 2 :	
Comment :		Supplier code :	Fund code :
Payment reference :			

Date Paid Cheque Number Bank Statement