

EXPENSE CLAIM FORM

REIMBURSED THROUGH PAYROLL

Email to: accounts@bunbury.org.au Post to: PO Box 15, Bunbury WA 6231

NAME:	PAY PERIOD MONTH:			
PARISH:				
TELEPHONE EX	(PENSES			
Period	Period Description			\$
			Total:	\$
MILEAGE SUM	MARY			
2020 TRAVELLING ALLOWANCE: Parish Vehicle Private Vehicle		0.35c per km 0.67c per km		
N° of km @ per km			Mileage Claimed:	\$
CHURCHWARDEN'S NA	ME (please print)			
CHURCHWARDEN'S SIGNATURE			DATE	
√ All rain	mhursements must he appro	oved by the Churchy	uarden of the Parish nrior to	n navment



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✓ Reimbursement of expenses will be processed through the monthly payroll.