



Diocese of Waiapu - Parish Accounting Scheme EXPENSE REIMBURSEMENT CLAIM

Parish No:

Parish Name

Date:

Claimant Name _____

Postal address

Email

Bank Account number for claim to be paid into:

Account Code *	Reason for Payment	Amount
Total to be Paid		\$ -

Signed
By Claimant

Authorised
Treasurer/Chairperson

(Please attach all invoices / receipts)

* Refer to Chart of Accounts for these Codes
Please retain a copy for your records