



REIMBURSEMENT REQUEST FORM

ICCM ADMIN ONLY	
PIN:	PPY:
Cheque No:	Transaction Date: / /

This form is to be used for the reimbursement of expenses incurred by church members.
BEFORE INCURRING EXPENSES, PLEASE OBTAIN AUTHORISATION FROM THE APPROPRIATE AUTHORITY.
 'Appropriate Authority' is a member of your local leadership group or treasurer. Expenses for multi-church or ICCM-wide events should be authorised by the event organiser or ICCM Administration.

Please complete form in BLOCK CAPITALS and return it to your local TREASURER, with ALL relevant RECEIPTS*.
 - Claims should be no later than the month following the expenditure.
 - Claims made beyond three months require the approval of an ICCM Trustee or Administrator.

1 Claimant's Name:
 2 Address:
 Postcode:

3 PAYMENT METHOD – PLEASE tick this box for a cheque [] OR complete the banking details below.

DIRECT PAYMENT - if you have previously given bank details and they are still correct please tick here []. Otherwise please complete the details below.				
Bank Name		Sort Code		
Account Name		Account Number		
Email address				

4 DETAILS OF EACH EXPENSE Please use the back of this form for additional comments.	Amount	Receipts Attached*	Church(es) who will pay for this	Admin
a.	£.....	Y / N	.....	.....
b.	£.....	Y / N	.....	.....
c.	£.....	Y / N	.....	.....
d.	£.....	Y / N	.....	.....
e.	£.....	Y / N	.....	.....
f.	£.....	Y / N	.....	.....
TOTAL AMOUNT	£.....			

*regrettably, the Church is unable to reimburse expenses without proof of purchase.

5 I confirm that the above expenses were all necessarily incurred by me on Church business.
 Claimant's signature: Date: / /

6 I have reviewed this form and authorise the payment requested.
 Authoriser's signature: Date: / /

Print Name: