



ICC MISSIONS

Reimbursement Request Form

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 in BLOCK CAPITALS, attach ALL RECEIPTS, obtain the required APPROVAL SIGNATURE and either: scan the form and receipts and email to expenses@iccmisions.org or post to 'FREEPOST ICC MISSIONS'

Claims should normally be no later than the month following the expenditure, and if made beyond three months require the approval of an ICCM Trustee or Administrator

1 Your Name:

2 Address:

..... Postcode:

3 PAYMENT WILL BE BY BANK TRANSFER – please provide your details in the box below

If you have previously given bank details and they are still correct please tick here [] and go to section 4									
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: