

**St Silas Episcopal Church  
Park Road  
Glasgow**

**General Expenses Claim Form**

Name.....

(cheques will be issued via pigeonholes unless you fill this in – If pigeonholing acceptable leave blank)

Address.....

.....

.....

.....

Nature of claim: (Please give details of expenses incurred and purpose)

Total amount claimed:

**Please staple all receipts to the reverse of this form.**

Cheque to be made payable to.....

Date.....

-----  
St Silas Church  
Park Road  
GLASGOW

Treasurer:Robert Swinfen

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

To:\_\_\_\_\_

Please find enclosed our cheque \_\_\_\_\_ for £ \_\_\_\_\_  
in payment of your expenses claim regarding \_\_\_\_\_