DIOCESE OF SODOR AND MAN

Mileage claim for the month of:

Name and address of claimant (*please print*)

DETAILS OF CLAIM					
			number	Amount £	
		Total			

Claimant's signature	Date			
Approved by Archdeacon	Date			
Payment will be sent directly to the bank specified by claimant. Account number: Sort Code: Account Name:				
For Diocesan Administration				

DBF a/c Ref No Authorised Date paid