

DIocese OF CHRISTCHURCH

Claim For Synod Travel Expenses 2019

I hereby claim refund of travelling expenses in attending the **Diocesan Synod** in Christchurch 5-7 September 2019

for the Parish/Ministry Unit of

*(Please note that only **one** claim is allowed per parish)*

Total kilometres: _____

NAME: _____

ADDRESS: _____

SIGNATURE: _____

DATE: _____

Please return to: Diocesan Administration Assistant
PO Box 4438
CHRISTCHURCH 8140

or email to doadmin@anglicanlife.org.nz

If you would like to be paid , by direct credit, please supply your details.

Bank	Branch	Account	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FOR OFFICE USE ONLY:	Rate/km: \$ 0.42 per km
Approved by: _____	Amount: \$ _____
Code: 43000	Date: _____