Upper Derwent Benefice			Claimants:			Expenses Form			
Name:			Account Number:			Month:			
Signature:			Sort Code:]	Matched Funding:			
I declare the details provided on this form are correct and have been incurred on the business of in the		e above Benefice	Mileage				<u> </u>		
Date	Description	Budget	То	From	Pssgr	Other	Total £	Rolling Total £	
This form mus Mileage Rate All expense	a new row for each entry. It be submitted to the Church Council along with your bank details so payments: Inland Revenue authorised rates. 45p per mile for the first 10,000 miles, 25 claims, except mileage, must be supported by relevant receipts, bus tick sion of the Church Council of St Matthew's to authorise payment of expenses.	5p per mile t ets, etc.) <u>.</u>		
Using your personal information:			Authorised by						
will process your personal information in accordance with the General Data Protection Regu		ulation	Name:			Position:			
(GDPR) and the Data Protection Act 2018. We may use your personal information in a nun ways, but only for the purposes for which it was given, for example to provide you with the i			Signature: Date:						
or the services requested. For further information on how we collect, use, share, secure and your personal information, and your legal rights, please see our Privacy Notice on our websit upperderwent.co.uk.			Notes:						