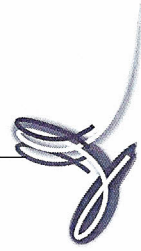




**SENGKANG METHODIST CHURCH**

31 Anchorvale Road, Singapore 545056, Tel: 6385-9455, Fax: 6385-6191, E-mail: [office@skmc.org.sg](mailto:office@skmc.org.sg)



**CLAIM FORM**

**FOR PAYMENT WHICH HAVE NO INVOICES / RECEIPTS**

卫理公会盛港礼拜堂

Date of Payment: \_\_\_\_\_

Amount: \_\_\_\_\_

Purpose of Payment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Person: \_\_\_\_\_

Address of Person: \_\_\_\_\_

\_\_\_\_\_

Contact No. of Person: \_\_\_\_\_

Reason for no invoice/Receipt: \_\_\_\_\_

Date of Claim: \_\_\_\_\_

Name of claimant: \_\_\_\_\_ Authorised by: \_\_\_\_\_

Signature of claimant \_\_\_\_\_ Date & Signature: \_\_\_\_\_

**For Finance Department**

**Approved / Not Approved\***

**Name & Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*delete where appropriate

引领万民进神国 造就门徒继主命

**To Seek and bring the lost into the Kingdom of God and  
Make them into fully devoted disciples to continue the Mission of Christ**