THE MOTHERS' UNION

PORTSMOUTH DIOCESE

Speakers Claim Form

Name						
Address						
		ling expenses for the period fr nce 45p per mile)	om	to		
DATE		BRANCH		MILEAGE		TOTAL

Please submit to the Diocesan Treasurer:- Mrs V Griffiths 7 Rose Hill Lovedean

Waterlooville PO8 9QU