CLAIM FOR OFFICIATING AT AN OCCASIONAL OFFICE

	MONTH/YEAR			
CLERGY NAME			ADDRESS	
BANK NAME				
ACCOUNT NUMBER				
SORT CODE				
Date	Type of Service and parishioner	Parish Name	Fees payable to	70% CLAIM
Date	name	i ansii Name	DBF	70% GEAIN
			£	£
	hese are the total fees that should onfirm that I am responsible for de			or services at which I
SIGN		DATE		
For information or assistance please contact the Parish Treasurer PLEASE SEND COMPLETED FORMS to Parish Office				

NOTE:
This form should be completed each MONTH, signed and sent to the Parish Office