**SALISBURY DIOCESAN BOARD OF FINANCE**

**Emmaus House, The Avenue, Wilton, Nr Salisbury SP2 0FG**

**Tel: 01722 411922 (Accounts) Charity No: 240833**

**CLAIM FORM FOR REIMBURSEMENT OF SERVICE FEES DURING A VACANCY**

*Please refer to the Guidelines issued with this claim form in order to ensure you comply with the diocesan policy.*

*The Diocesan Policy can be found on our website at* [*www.salisbury.anglican.org*](http://www.salisbury.anglican.org)*.*

***The Diocesan office will calculate your claim from the information you give below.***

***This claim should be submitted by e mail to parishsupport@salisbury.anglican.org***

Benefice Name:

Parish Name: Church name:

Name and Address of Treasurer:

The PCC has requested that reimbursement is paid into the following bank or building society:

Bank Account No. Sort Code:

Name of Account:

The diocese will calculate your claim on a benefice basis using the information you give below – you do not need to fill in the amount of the claim yourself. Your treasurer will be sent a payment notification.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please state date and the day of the week** | Type of service: Eu – EucharistFS – Family ServiceM – MatinsEV- Evensong  | Time of Service | Parish Name and Church Name  | Approximate Number of people who attended the service  | Name of Person taking service |
|  |  |  |  |  |  |
| For Diocesan use |  |  |  |  |  |

Signature of Churchwarden ………………………………………… Date ……………………..………

For Office use:

Acct: 182035 Diocesan approval ………………………………. Date …………………………….