INTERREGNUM FEES

CLAIM FOR EXPENSES FOR SERVICES TAKEN DURING THE PERIOD/MONTH OF ……20……..

Name: _____

Address: _____

_____

Date	**Parish/Church**	**Service**	**Fee**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		TOTAL CLAIMED	_____

Stipendiary Priests are advised not to claim since any fee claimed must eventually be declared as local income and deducted from stipend. Payment of travelling expenses is the responsibility of the PCC.

Signed _____

Authorised _____

Rural Dean

Date _____

FOR PAYMENT TO BE MADE DIRECTLY INTO YOUR BANK ACCOUNT:

ACCOUNT NAME ……

SORT CODE ……...-……...-……...

ACCOUNT NUMBER ……..…….