**INTERREGNUM FEES**

CLAIM FOR FEES FOR SERVICES TAKEN DURING THE PERIOD/ MONTH OF

(Year)

Name:

Address:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Parish/Church** | **Service** | **Fees** |
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| **Total Claim** | | | **£0.00** |

Stipendiary Priests are advised that 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorised by Area Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR PAYMENT TO BE MADE DIRECTLY INTO YOUR BANK ACCOUNT:**

Account Name:

Sort Code:

Account Number: