**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***](mailto:parishsupport@salisbury.anglican.org)

Benefice Name:

Church name(s) at which the service(s) Parish Name:

took place in:

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 | Time of Service | **Type of service**:  Eu – Eucharist  FS – Family Service  M – Matins  EV- Evensong | Approximate Number of people who attended the service | Name of person(s)  taking service |
|  |  |  |  |  |
| For Office use: | Total services claimed for: | | Total fee reimbursement: | |

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

For Office use:

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