



# GLOUCESTER DIOCESAN BOARD OF FINANCE CASUAL DUTY REIMBURSEMENT

FINANCE DEPT REF.

Claim form for the reimbursement of fees and/or expenses paid to authorised officiating ministers for Sunday and/or major feast day services, during an interregnum or notified sickness of Parish Priest.

**PARISH NAME :** ..... **PARISH REF :** .....

**FOR THE PERIOD**.....

Officiating Minister	Date of Duty	Fee Paid £	Travelling Exps Paid £	Total Paid £
			miles @ p = £	
			miles @ p = £	
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			miles @ p = £	
			miles @ p = £	
<b>Total :</b>				

**FOR OFFICE USE ONLY:**

Interregnum Claim 00-01-01-8009 £ :  
or  
Sickness Claim 00-01-01-8008 £ :

.....checked by  
.....date

**Signed :** .....  
(Churchwarden/Treasurer)

**Name :** .....  
(Block Capitals)

All reimbursements will be sent to the PCC Treasurer, unless otherwise requested.

Please return completed forms on a **MONTHLY** or **QUARTERLY** basis to : **GDBF, CHURCH HOUSE,  
COLLEGE GREEN, GLOUCESTER, GL1 2LY**