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|  | | | | | | **Retired Clergy with Permission to Officiate: Claim Form for fees and expenses following conduct of parochial services during interregna, periods of sickness and study leave of an incumbent 2022** | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | Address: | |  | | | | | | | | | | | | Post Code: | | | |  | | | |
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| Date | | Type of Service Conducted | | Confirmed by Parish Representative | | | | | | | | | Reason for  Service | | | Comments | Mileage | Office Use Only | | | | | | | | |
| Parish of | | | | | Signature | | | | Mileage | | | Fee | | | Total | | |
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| TOTALS | | **Number of Services:** | |  | | | | | | | | | | | | | **miles** | **£** | | | **£** | | | **£** | | |
|  | | |  | | | | | | |  | | | | | | |  | | | | | | |
| Signature of claimant: | | |  | | | | | | | Date: | |  | | | Period of Claim: | |  | | | | | | | | |
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| **SELF ASSESSMENT REFERENCE CODE – Unique Taxpayer Reference (UTR)** | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | |  | | | | | *If you do not provide this number your claim will not be paid* | | | | | | | | |  | | |  | |  | | |
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NOTES to the Claim Form for fees and expenses following conduct of parochial services during interregna, periods of sickness and study leave of an incumbent

**Notes for completion of form**

Period of Claim Please enter details in the space provided

Date of Service Please enter the date the service was conducted

Type of Service Sunday Eucharist, mid-week service, wedding, funeral, baptism, etc.

Also enter the name of the wedding couple, deceased or baptism party in the comment box.

Parish of Please enter the name of the parish.

Confirmed by parish rep. Please ask a parish officer (churchwarden, treasurer, secretary, verger) to sign the form.

Reason for Service Please state, interregnum, sickness, study leave or any other reason.

Fees for holiday cover should be met by the parish.

Comments Any other information you feel is appropriate, for example: you undertook a pastoral visit or conducted a wedding or funeral by special request.

Expenses Reimbursement will be either the mileage rate applicable or reimbursement of actual costs if public transport is used. In the case of the latter enter the amount in the comments box followed by ‘cost of public transport’. If the mileage rate is claimed it will be reimbursed at the current diocesan rate.

If a pastoral visit was carried out, eg for a baptism service, expenses in respect of this visit can also be claimed. Please use a separate line and note the reason for the claim in the comments box.

Signature and date Please sign and date the form prior to submission to the Diocesan Office. An electronic signature is acceptable if you are emailing the completed form

**Self Assessment Reference Code This must be supplied when returning the form – this is the 10 digit reference number used when completing your Self Assessment eg 1234567890K**

Forms to be submitted monthly or quarterly to:

Email: LesleyRiley@manchester.anglican.org

Post to: Mrs Lesley Riley, Clergy Support Officer, Manchester DBF, 4th Floor, Church House

90 Deansgate, Manchester M3 2GH

Any queries please contact Lesley Riley 0161 828 1403