

**SICK SUPPLY FUND**

Registered Charity in Northern Ireland (NIC104483)  
Registered Charity in the Republic of Ireland (20015695)

**PROVISION FOR MINISTERS RETURNING TO DUTIES AFTER PROLONGED ILLNESS**

Congregation:

Minister:

Treasurer Name:

Address:

Day-Time Tel:

Date of 3<sup>rd</sup> Sunday of Medically-Certified Disability: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Recommencement of Duties: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sunday (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Amount of Supply Fee Paid (excl. Travelling expenses) £/€

Sunday (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Amount of Supply Fee Paid (excl. Travelling expenses) £/€

Sunday (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Amount of Supply Fee Paid (excl. Travelling expenses) £/€

Sunday (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Amount of Supply Fee Paid (excl. Travelling expenses) £/€

Sunday (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Amount of Supply Fee Paid (excl. Travelling expenses) £/€

Sunday (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Amount of Supply Fee Paid (excl. Travelling expenses) £/€

**TOTAL £/€**

**Use additional copies of this form for further applications for payment if appropriate.**

**PLEASE RETURN THE COMPLETED FORM TO:**  
**The Deputy Clerk, Assembly Buildings, 2-10 Fisherwick Place, Belfast BT1 6DW**  
**OR EMAIL TO:**  
**dcsecretary@presbyterianireland.org**

**FOR OFFICE USE ONLY**

**THE PRESBYTERIAN CHURCH IN IRELAND – INVOICE AUTHORISATION**

Dept ..... s/l .....

HOD Signature ..... Date .....

Code: 3125/91845 Amount £/€ .....

NL Comment .....