

**SICK SUPPLY FUND
APPLICATION FORM**

Congregation:

Minister:

Associate Minister/Licentiate Assistant/
Transferring Minister/Auxiliary Minister (if applicable):

Treasurer Name:

Address:

Day-time Tel:

Date of 1st Sunday of Disability certified by a Doctor: ____/____/____

Details of Supply Fee payments from the 3rd Sunday of Disability: ____/____/____

Sunday (Date)	____/____/____	Number of Services Supplied	_____	Amount of Supply Fee Paid (excl. travelling expenses)	£/€
Sunday (Date)	____/____/____	Number of Services Supplied	_____	Amount of Supply Fee Paid (excl. travelling expenses)	£/€
Sunday (Date)	____/____/____	Number of Services Supplied	_____	Amount of Supply Fee Paid (excl. travelling expenses)	£/€
Sunday (Date)	____/____/____	Number of Services Supplied	_____	Amount of Supply Fee Paid (excl. travelling expenses)	£/€
Sunday (Date)	____/____/____	Number of Services Supplied	_____	Amount of Supply Fee Paid (excl. travelling expenses)	£/€
				TOTAL	£/€

Use additional copies of this form for further applications for payment if appropriate. Do NOT use this form to apply for payment for supply fees incurred through a minister's phased return to preaching.

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