

**CLERGY REIMBURSEMENT CLAIM FORM**

**TO BE RETURNED TO:** **payments@winchester.anglican.org**

**WITH PRIOR CONSENT IN WRITING, AND RECEIPT OR PAID INVOICE COPIES ATTACHED.**

|  |  |
| --- | --- |
| **Payee Name** |  |
| **Address of clergy property (including postcode)** |   |
| **Email address****(for remittance advices)** |  |
| **Telephone number** |  |

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| --- | --- | --- | --- |
| **WDBF code (see below)** | **Receipt date** | **Purpose** | **Amount** |
|  |  |  |  |
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|  |  |  |  |
|  |  |  | **Total amount** |
|  |  |  |  |

**When using the codes below please insert the postcode of your property where ‘POSTCODE’ is stated.**

|  |  |  |
| --- | --- | --- |
| **WDBF code** | **Purpose** | **Previous expense claim dates** |
| **31203/ 133/ GEN001/****POSTCODE** | Reimbursement for purchases or works which have been approved by Member of WDBF staff: |  |