

SERVICE IN VACANCY MONTHLY SUMMARY FORM

VACANT BENEFICE OF _____

I request payment for those who conducted services during the month of _____

| Date | Clergy Name | Service Taken | Parish | Fee £41 |
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| | | | TOTAL | £0.00 |

PAYMENT DETAILS

Please pay direct into the account in the name of:.....

Bank details have been previously supplied please tick

Office Use 610 301
 Authorised for Payment

OR: new/amended bank details are:

Bank Name:.....

Branch Address:.....

Sort Code:.....

Account No:

Signature.....

Official Capacity

Name

Date

Contact phone number and email address for queries, if applicable

For information or assistance please contact: Stipends Administrator - Church House Oxford, Langford Locks, Kidlington. Oxford, OX5 1GF
 (Tel. 01865 208204/ E-mail. pat.burton@oxford.anglican.org)