

SYDNEY DIOCESAN SECRETARIAT

Clergy Removal Expenses Reimbursement Claim

(PLEASE READ THE ATTACHED INSTRUCTIONS BEFORE COMPLETING THIS FORM)

1.	Claimant		
	Name		
	Address		
			Postcode:
	Telephone:	H:	B:
Please draw the cheque in the name of:			

2.	Details of Deacon or Priest	To new position? Yes / No	To retirement? Yes / No
	Name		
	Position		
	Stipend/Salary	\$	pa

3.	Details of Move	
	From	
	To	
	Date of Move	___ / ___ / ___

4.	Quotation	Name of company	Amount
	1		\$
	2		\$
	3		\$
<i>(NB: Attach COPIES of the quotations to this application form)</i>			

Name of Company Selected:
Reason for selecting this company:
Comments on the quality of work done by this company:

Signed:	Date: ___ / ___ / ___
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