



Scottish Episcopal Church  
DIOCESE OF EDINBURGH

The Supernumerary Service

## Supernumerary Expenses Claim Form

Name: Revd/Mr/Mrs/Miss/Dr.....

Name of Bank:..... Sort Code:.....

Account Number: .....

Church	Date	Service taken	Fee	Travel Costs	Total

*Examples:*

<i>St Edwards</i>	<i>12/5/14</i>	<i>10.30 Euch</i>	<i>£35</i>	<i>12 x 45p = £4.80</i>	<i>£39.80</i>
<i>St Andrews</i>	<i>26/5/14</i>	<i>8.30 and 11am</i>	<i>£35 + £15</i>	<i>£3.50 bus</i>	<i>£52.80</i>

Please include any bus/train receipts.

*I understand that I am responsible for any tax implications as tax has not been taken at source.*

*Signed..... Date.....*

This form should be returned (by e-mail preferably) to:  
Mr. Simon Filsell, Diocesan Administrator, Diocesan Office  
Email: [office@edinburgh.anglican.org](mailto:office@edinburgh.anglican.org)

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*Diocesan Use*

*Cheque/BACS payment made:*

*Date Invoice sent to church:*