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**CLAIM FORM**

***To be completed by Presbytery MDP Representative***

**Name** (in block capitals)**:**

**Address:**

**Congregation(s):**  **Presbytery:**

1. Expenses being claimed. Invoices *must* be provided.

 Invoices included

 (please tick)

(i) Fees: ………………………. ……………………

(ii) Travel: …………………….. ……………………

(iii) Accommodation: …………. ……………………

1. Supply fee: ……………….. ……………………

**£**

**£**

**£**

**£**

**£**

1. Other: ……………………… ……………………

## Total

**£**

Please add overleaf any comments regarding invoices.

2. A copy of the appropriate Report Form is included with this claim form.

1. **Signed on behalf of Presbytery:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete and return to:**

**Dean of Ministerial Studies and Development, Union Theological College, 108 Botanic Avenue, Belfast, BT7 1JT**

FSO Code: 3500 / 91830

# For official use

**Total grant to be paid**: **£**\_\_\_\_\_\_\_\_\_\_\_ **Signed:** **Date:** \_\_\_\_\_\_\_\_\_\_\_

 (Dean of Ministerial Studies and Development)