

LINKAGE COMMISSION

SICK SUPPLY FUND

**PROVISION FOR MINISTERS RETURNING
TO DUTIES AFTER PROLONGED ILLNESS**

See overleaf for details of the Scheme

Congregation:

Minister:

Treasurer Name:

Address:

Day-Time Tel:

Date of 3rd Sunday of Medically-Certified Disability: ____/____/____

Date of Recommencement of Duties: ____/____/____

Sunday (Date) _____
Amount of Supply Fee Paid (excl. Travelling expenses) £

Sunday (Date) _____
Amount of Supply Fee Paid (excl. Travelling expenses) £

Sunday (Date) _____
Amount of Supply Fee Paid (excl. Travelling expenses) £

Sunday (Date) _____
Amount of Supply Fee Paid (excl. Travelling expenses) £

Sunday (Date) _____
Amount of Supply Fee Paid (excl. Travelling expenses) £

Sunday (Date) _____
Amount of Supply Fee Paid (excl. Travelling expenses) £

TOTAL £

Please photocopy this form if further applications for payment are anticipated

**PLEASE RETURN THE COMPLETED FORM TO:
THE DEPUTY CLERK, ASSEMBLY BUILDINGS, 2-10 FISHERWICK PLACE,
BELFAST, BT1 6DW**

<i>FOR OFFICE USE ONLY</i>	
THE PRESBYTERIAN CHURCH IN IRELAND – INVOICE AUTHORISATION	
Dept	s/l
HOD Signature	Date
Code: <u>3125/91845</u>	Amount £
NL Comment	