

PART B **ADDITIONAL EXPENSES (if applicable)**

DATE	NATURE OF EXPENSE	AUTHORISED BY (Please enclose receipt)	AMOUNT £ p
		Total B	

PART C **INCOME PAYABLE TO ELY DIOCESAN BOARD OF FINANCE (if applicable)**

DATE	INCOME RECEIVED (as per Column 1 of Table of Parochial Fees)	STATE IF FOR WEDDINGS, FUNERALS, CHURCHYARD etc	AMOUNT £ p
		Total C	

TOTAL AMOUNT *CLAIMED/ENCLOSED *(please delete where applicable)
(A+B+C) £

A new form will be sent to you on receipt of this one duly completed

SIGNED
CHURCHWARDEN