

The Anglican Diocese of Newcastle Clergy Supervision Programme



REIMBURSEMENT FORM 1A: CLERGY

Cheque to be made payable to:

Postal address:

Your name:

Your supervisors name:

I request reimbursement for fees paid in relation to professional clergy supervision.
I am attaching a copy of the relevant invoice.

Amount to be reimbursed:

Your signature:

Date:

Please return this form to:

Ministry Development Officer, Anglican Diocese of Newcastle, PO Box 817, Newcastle NSW 2300

Please note:

The Diocese of Newcastle will reimburse \$30 for each 1 hour session of supervision provided by a supervisor approved on the Diocesan Register of Supervisors.

It is essential that a copy of the invoice from your supervisor is attached to this form. Payment will not be made unless this documentation is supplied.

Diocesan Office Use Only:

<i>Approved:</i>	<i>Chq/Ref:</i>
<i>Fund:</i>	<i>Operator:</i>
<i>Date:</i>	<i>Date:</i>

