

The Anglican Diocese of Newcastle
Professional Supervision Programme
for Clergy and Parish Workers



REIMBURSEMENT FORM 1A: CLERGY & PARISH WORKERS

Bank Account Name for reimbursements:

Bank Account Number:

BSB Number:

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:
Archdeacon for Ministry Support
The Anglican Diocese of Newcastle P.O. Box 817 Newcastle NSW 2300**

Please note:

The Diocese of Newcastle will reimburse One third of the cost of each 1 hour session of supervision provided by a supervisor approved by the Diocese.

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:

Amount Approve from Supervision Fund:	Chq/Ref:
Approved:	Operator:
Date:	Date: