

ST ALBANS DIOCESAN BOARD OF FINANCE Holywell Lodge, 41 Holywell Hill, St Albans AL1 1HE

RECORD OF PAROCHIAL FEES



Name of Parish (Please print)
Name of Parish Contact (Please print)

I certify that these are the total fees quarter(s) ended (delete as applicable):				
31st March	30th June	30th September	31st December	20

Date	Please Tick Type of Service (✓)						Parishioner's Name	[COLUMN A] Fees Due to the DBF £	Fees to PCC £	Fees to Retired Clergy £	Fees for Other costs £	Total Fees Received £
	Banns	Marriage	Funeral/Burial	Crematorium/ Cemetery	Monuments	Misc.						
Total/Carried forward												

I enclose cheque(s) in the sum of £ _____ [Column A] payable to 'St Albans Diocesan Board of Finance'

I certify that these are the total fees for the quarter(s) indicated above

Signature of Parish Contact** **Date**

Contact for queries (Please print).....

This form should be completed each quarter, signed and sent to the DBF Accounts Dept within 14 days of the period end with cheque(s) for the amount shown.
Please submit a NIL return if no fees have been received in the quarter

For information or assistance please contact the Finance Department 01727 818111 finance@stalbans.anglican.org



Record of Parochial Fees Continued.....

Date	Please Tick Type of Service (✓)							Parishioner's Name	[COLUMN A] Fees Due to the DBF £	Fees to PCC £	Fees to Retired Clergy £	Fees for Other costs £	Total Fees Received £
	Banns	Marriage	Funeral/Burial	Crematorium / Cemetery	Monuments	Misc.							
								Total fees carried forward					
								Total/Carried forward					