

Organ Player Fee Claim Form



Uniting Church
SYNOD OF NSW & ACT



• Please scan and e-mail the completed form to payroll@nswact.uca.org.au

CONGREGATION DETAILS

CONGREGATION NAME

ABN

I, , as
name of authorised signatory *title of signatory's position held*

Request payment to be made for the services of an **Organ Player**:

Organist name:

Organist Service Date:	Comments:	Organist fee:
/ /		
/ /		
/ /		
/ /		
/ /		

Total Claim:

The authorised claim will be processed in the next available regular payrun.

AUTHORISED REPRESENTATIVE SIGNATORY

AUTHORISED REPRESENTATIVE (PRINT NAME)

SIGN HERE

DATE

DD / MM / YYYY