

SCAC Pastor's Application for Various Allowance

To: The Chairman, Board of Finance

Attn: Mr. _____

I. To be filled by Applicant
A. Name of Applicant: _____ (Rev/Pastor)
B. Bank name & acc. No: _____ Email address: _____
C. Local Church: 1. _____ 2. _____ 3. _____ 4. _____
D. Medical Allowance: 1. Patient: _____ 2. Relation with Applicant: _____ 3. Age: _____ 4. Medical expenses: RM _____ 5. Attachment: a) medical report (photo copy) b) Bill (original) c) Copy of birth cert. (if for a child)
E. Living Allowance Allowance given by Church 1: RM _____ Church 2: RM _____ Church 3: RM _____
F. Transport Allowance: 1. <input type="checkbox"/> church van <input type="checkbox"/> own car <input type="checkbox"/> motorcycle 2. Destinations: from _____ to _____ 3. Distance to and fro _____ km. 4. Frequency, per month: _____ times, total distance _____ km
G. Signature: _____ Date: _____
II. Checked by District Superintendent
To the best of my knowledge, the information provided above is <input type="checkbox"/> correct <input type="checkbox"/> incorrect District Superintendent (signature) _____ Date: _____
III. Checked by BOM
To the best of my knowledge, the information provided above is <input type="checkbox"/> correct <input type="checkbox"/> incorrect BOM Chairman (signature) _____ Date: _____
IV. Payment of Allowance Approved by Board of Finance
1. Medical RM _____ 2. Living RM _____ 3. Transport RM _____
BOF Chairman (signature) _____ Date: _____
BOF Secretary (signature) _____ Date: _____