

REQUEST FOR BUJ LSL SCHEME PAYMENT

Pastor:	
Church:	
First Date of Leave:	
Last Date of Leave:	
Days per week :	
Number of Leave :	Days Weeks
Signature of Church Officer:	
Signature of Pastor:	
Date Submitted:	
Date Payment Required:	
Comments:	
Remittance Details (Church Bank Account):	Name of Account: Account number: BSB:
<i>BUJ Office Use:</i>	
Recorded in LSL Data Base:	Date entered: Staff Initials:
Amount Paid \$	Days : Weeks :
Date Paid :	Ref no:
Check list:	LSL folder: Church File: