**CUMBRIA AMATEUR**

**SWIMMING ASSOCIATION**

#### EXPENSE CLAIM FORM

|  |  |
| --- | --- |
| Please complete in BLOCK CAPITALS | Date of Claim:  |
| Name:   | Event / CommitteeName:  |
| Address:  | Location:  |
|   | Travel From:  |
|  Postcode:  | Travel To:  |
| Phone:  | Date:  |
| Email address: |
| Note:1. All expenses claimed must be in accordance with Cumbria ASA policy.
2. Receipts, where applicable must be attached.
3. Claims must be made within 28 days.

**Failure to complete this claim form correctly may result in delayed payment.** |

|  |  |
| --- | --- |
|  | Expense£  |
| Private Car (\_\_\_\_\_\_\_miles @ 45 p per mile) |  |
| Public Transport |  |
| Taxi |  |
| Other items  |  |
| Hotels as per attached receipt |  |
| Meals Purchased (please specify)  |  |
| Car Park  |  |
| Miscellaneous  |  |
| **TOTAL** |  |

|  |
| --- |
| Signature:  |

|  |
| --- |
| Your bank details (for BACS payments) |
| **Name:** |
| **Sort Code:** |
| **Account Number:** |