**CUMBRIA AMATEUR**

**SWIMMING ASSOCIATION**

#### EXPENSE CLAIM FORM

|  |  |
| --- | --- |
| Please complete in BLOCK CAPITALS | Date of Claim: |
| Name: | Event / Committee  Name: |
| 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:** |