|  |  |
| --- | --- |
| **CLAIM DESCRIPTION** |       |
|  |
| **Name** |       | **Bank Account Name** |       |
| **Address** | **Account Number** |       |
| *Street* |       | **Sort Code** | **-    -** |
| *Town* |       | Are these details different to before? | Yes | [ ]  | No | [ ]  |
| *Postcode* |       |  |
| **Phone** |       |
| **E-mail** |       |

|  |
| --- |
| ***Please note:*** |
| 1. All expenses claimed must be in accordance with current procedures and policies
2. All receipts should be attached with each claim
 |
| ***TRAVEL*** |
| **CAR** |
| **Date** | **Start** **Postcode** | **End** **Postcode** | **No of Miles** | **Details** | **Cost****(@ 40p/mile)** |
| **/  /** |  |  |  |  | **£0.00** |
| **/  /** |  |  |  |  | **£0.00** |
| **/  /** |  |  |  |  | **£0.00** |
| **/  /** |  |  |  |  | **£0.00** |
| **/  /** |  |  |  |  | **£0.00** |
| **/  /** |  |  |  |  | **£0.00** |
| **/  /** |  |  |  |  | **£0.00** |
| ***Sub Total*** | **£0.00** |
| **RAIL** |
| **Date** | **Departure Station** | **Arrival Station** | **Details**  | **Cost** |
| **/  /** |  |  |  |  |
| **/  /** |  |  |  |  |
| **/  /** |  |  |  |  |
| ***Sub Total*** | **£0.00** |
| **AIR** |
| **Date** | **Departure Airport** | **Arrival Airport** | **Details (Flight Number)** | **Cost** |
| **/  /** |  |  |  |  |
| **/  /** |  |  |  |  |
| **/  /** |  |  |  |  |
| ***Sub Total*** | **£0.00** |

|  |
| --- |
| ***ACCOMMODATION*** |
| **Check-in** **Date** | **Check-out** **Date** | **No of Nights** | **Details** | **Cost** |
| **/  /** | **/  /** |  |  |  |
| **/  /** | **/  /** |  |  |  |
| **/  /** | **/  /** |  |  |  |
| ***Sub Total*** | **£0.00** |

|  |
| --- |
| ***SUBSISTENCE*** |
| **Date** | **Allowance** |  | **Cost** |
| **/  /** |  | ***(£5 for 5 hours,£10 for 10 Hours, £25 for 15 hours)*** |  |
| **/  /** |  |  |
| **/  /** |  |  |
| ***Sub Total*** | **£0.00** |
| ***OTHER EXPENSES*** |
| **Date** | **Details** | **Cost** |
| **/  /** |  |  |
| **/  /** |  |  |
| **/  /** |  |  |
| **/  /** |  |  |
| **/  /** |  |  |
| **/  /** |  |  |
| **/  /** |  |  |
| ***Sub Total*** | **£0.00** |
| **TOTAL CLAIM** | **£0.00** |
|  |  |
| *I certify that the details on this form are an accurate record of expenses I have incurred on behalf of Perth City Swim Club* *[ ]  (Please ⌧)* |
|  |
| **Signature** |  | **Date** | **/  /** |
|  |
| ***APPROVAL*** |
| ***COMMITTEE MEMBER NAME*** |  |
| ***SIGNATURE*** |  | ***DATE*** | ***/  /*** |

**Completed form should preferably be emailed (incl. scans of receipts) to** **treasurer@perthcityswimclub.com** **or hard copies to Club Box at Perth Leisure Pool.**