

## **OFFICIALS EXPENSES CLAIM FORM - COUNCIL**

British Skydiving, 5 Wharf Way, Glen Parva, Leicester, LE2 9TF

IAME		_	DATE	/ /	_		
DATE	DESCRIPTION COMPS/STC/COUNCIL ETC	JOURNEY DETAILS	TOTAL MILEAGE	CLAIMED AT 45P/MILE	OTHER/SPECIFY	TOTAL	OFFICE USE ONLY
		5		1	TOTAL	<u> </u>	
		Bank Account Name		Please ensure this matche	s the name on the bank	c statement	
NONATUDE		Bank Account Number		-			
SIGNATURE		Bank Sort Code Is this account	Personal	<b>」</b> Business □	Please tick the approp	riate box	
		N.B.					
OR OFFICE USE ONLY		1. Claims should only reimburse what you have already paid out.					
_		2. Where possible share travelling and economise on journeys.					
uthorised		3. Always use the cheapest alternative.					
		4. Claims may be refused if unreasonable.					
		5. Any 'out of pocket' expenses must be sp	pecifically authorised.				

Forms should be posted to the address above or emailed to finance@britishskydiving.org

Rates approved from: 21st September 2021

FORM 143(C)