

OFFICIALS EXPENSES CLAIM FORM - HOD/TEAM MANAGER

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

NAME		<u></u>	DATE	/ /				
DATE	DESCRIPTION - COMPS/STC/COUNCIL ETC	JOURNEY DETAILS	TOTAL MILEAGE	CLAIMED AT 45P/MI	LE OTHER/SPECIFY	TOTAL	OFFICE USE ONLY	
					TOTAL			
		Bank Account Name		Please ensure this ma	ase ensure this matches the name on the bank statement			
		Bank Account Number		1				
SIGNATURE		Bank Sort Code						
		Is this account	Personal	Business	Please tick the appr	opriate box		
		N.B.						
OR OFFICE USE ONLY	<u>_</u>	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 specifically authorised.						
		6.Mileage cannot be claimed for trips you do on a personal basis anyway.						
ORM 143(F)	ates approved from: 21st September 2021 7.Remittance will be to the agreed Head of Delegation/Team Manager only							

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