



OFFICIALS EXPENSES CLAIM FORM - HOD/TEAM MANAGER

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

NAME _____ DATE / /

| DATE | DESCRIPTION - COMPS/STC/COUNCIL ETC | JOURNEY DETAILS | TOTAL MILEAGE | CLAIMED AT 45P/MILE | OTHER/SPECIFY | TOTAL | OFFICE USE ONLY |
|------|-------------------------------------|-----------------|---------------|---------------------|---------------|-------|-----------------|
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TOTAL

SIGNATURE _____

Bank account name _____

Bank account number _____

Bank Sort code _____

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(you are authorising to pay into this account)

FOR OFFICE USE ONLY

Authorised _____

FORM 143(F)

Rates approved from: 21st September 2021

N.B.

1. Claims should only reimburse what you have already paid out.
2. Where possible share travelling and economise on journeys.
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.
7. Remittance will be to the agreed Head of Delegation/Team Manager only