



FUNDING CLAIM FORM

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

TOTAL

SIGNATURE _____

Bank account name

Bank account number

Bank Sort code (you are authorising to pay into this account)

FOR OFFICE USE ONLY

Authorised

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.

FORM 143(G)

Rates approved from: 21st September 2021