



ARMADA Athletics Forum

Bringing together Athletics in Plymouth, East Cornwall and West Devon

EXPENSES CLAIM

Claimants Name

Address

.....

.....

Date of Claim

Please ensure as much detail is supplied to support claim. Mileage rate is 30p/mile – please share transport where possible.

All expense requests must be sanctioned by Network Exec. before expense is incurred. Receipts to be supplied where possible.

Date	Reason/Description	Amount
Total Claim		

I declare that expenses incurred were agreed by Network Exec prior to being undertaken.

Claimants Signature Approved

Date Paid Cheque Number.....