



ARMADA ATHLETICS NETWORK
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 Treasurer
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.....