



Wellington (Telford) Swimming Club

Affiliated to the West Midland Region ASA and Shropshire ASA

www.wellingtontelfordasc.co.uk

e-mail - clubsec@wellingtontelfordasc.co.uk

EXPENSES FORM

THIS FORM IS FOR VOLUNTEER'S AND MEMBERS EXPENSES ONLY – ANY CLAIM/S FOR SERVICES RENDERED MUST BE MADE BY INVOICE (Any Tax liabilities due will be the responsibility of the claimant)

Claimants Name: Address: Email:	Payment will be made by Bank Transfer (Bacs) or Cheque. →		Bacs / cheque
	Bank Account in the name of		
	Sort Code	Account No	
	Bank Name		
	Telephone No.	Please Tick if additional sheet attached	

Date of Claim	Nature and reason for Claim	No. of miles claimed		Total Claimed
			Mileage @ 45p	
			Other	
			Mileage @ 45p	
			Other	
			Mileage @ 45p	
			Mileage @ 45p	
			Mileage @ 45p	
			Mileage @ 45p	
			Mileage @ 20p	
			Mileage @ 20p	

I certify that the claim made is in respect of expenses incurred whilst volunteering for Wellington (Telford) ASC. I also confirm that in making any mileage claim that I hold the appropriate insurance required.

Claimants Signature		Date		Total Claim	
---------------------	--	------	--	-------------	--

Please ensure that this form is fully completed and signed before submission to the Treasurer of Wellington (Telford) ASC
Please supply supporting receipts for any amounts other than mileage
Omissions/ errors may lead to a delay in payment
Please allow 7 days for payment if you have supplied bank details or 14 days if payment is to be made by cheque

Approved Treasurer	Counter signed by Exec. Committee Member
--------------------	--