

EXPENSE CLAIM FORM

Name: _____	Date: _____
Address: _____ _____	Claim Purpose: _____
	Venue: _____
	Other Info: _____

Claim

Miles: _____	@0.60c per mile	€ _____
Rail: _____		Bus: _____
Taxi: _____		Flight: _____
Hotel: _____		Restaurant: _____
Coaching Rate: _____		Other: _____
Detail: _____		
Total expenses claimed:		€ _____
Signed: _____		Date: _____

CLAIMS MUST BE MADE WITHIN 1 MONTH OF THE EVENT

Banking Details

Name: _____	BIC: _____
IBAN: _____	

It is policy to pay by bank transfer so please ensure to include your details

Approved by	
Signed: _____	Signed: _____
Date: _____	Date: _____

Completed form to be returned with receipts to the Treasurer of Swim Ireland Connacht

 connachttreasurer@swimireland.ie