

# EXPENSE CLAIM FORM

**HARROGATE DISTRICT  
SWIMMING CLUB**  
**T J Wilkinson**  
**Hon Treasurer**  
**16 Leadhall Lane**  
**HARROGATE**  
**HG2 9NE**

1. All claimed expenses must be in line with HDSC Policy and current ASA Law.
2. Receipts must be attached where appropriate.
3. Claims must be made within 28 days.

<b>Please complete in ink and Block capitals</b>	<b><u>Date of Claim</u></b>	
<b><u>Claimant Name:-</u></b>	<b><u>Event</u></b>	
<b><u>Address</u></b>	<b><u>Travel To</u></b>	
	<b><u>Travel From</u></b>	
<b><u>Postcode</u></b>	<b><u>Date of Event</u></b>	
<b><u>Expenditure Type</u></b>	<b><u>Amount Claimed</u></b>	
	<b><u>££</u></b>	<b><u>.pp</u></b> <span style="float: right;"><b><u>(Office Only)</u></b></span>
Mileage.....Miles @ .....pp/mile		
Rail fares		
Public transport		
Taxi		
Hotel		
Meals/Subsistence		
Car Park		
Miscellaneous		
<b><u>Total</u></b>		

Claimants Signature	Approved
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Cheque Number
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