Leicestershire and Rutland Amateur Swimming Association

## GALA OFFICIALS AND MANAGEMENT

 EXPENSE CLAIM FORMEVENT/GALA
FROM/TO POSTCODE

## ITEMISED JOURNEYS

| Session No. | Car Miles | PT | Other |
| :---: | :--- | :--- | :--- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |


| Session No. | Car Miles | PT | Other |
| :---: | :--- | :--- | :--- |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

When completing this form electronically these fields will auto-fill
EXPENSES
CAR $^{1} 0 \quad$ MILES @ 45p PER MILE

TOTAL PUBLIC TRANSPORT (PT) / TAXI
TOTAL OTHER e.g. Car Park
TOTAL EXPENSES

| EXPENSES <br> $£$ |  |
| :---: | :---: |
|  |  |
|  | 0.00 |
|  | 0.00 |
|  | 0.00 |
|  |  |

## NOTES

1. LASA expect that all Officials and Gala Management personnel will, where possible, car share
2. Officials etc. expense claims must be in accordance with the current law, S.E. recommendations, and LASA constitution
3. Gala Officials etc. expenses are paid via BACS transfer. Please complete you bank details below
4. All expenses must be submitted within 10 working days of the date of the last session. Submissions after that period has elapsed may not be paid
```
NAME
S.E. NO.
```

EMAIL
SIGNED Wet or image of signature required DATE
GDPR: Please confirm that the information below may be retained electronically \& securely by LASA after its initial use
BANK SORT CODE

## ACCOUNT NO.

Pass to the Treasurer, Judy Leader, or email to treasurer@leicestershireasa.org for payment

