**COUNTY OF WARWICK ARCHERY ASSOCIATION**

**( Affiliated to Archery GB)**

**APPLICATION FOR REIMBURSEMENT OF MISCELLANEOUS EXPENSES**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Phone No** |  |
| **E mail** |  |

|  |
| --- |
| **Details of expenses incurred ( please attach receipts where applicable )** |
|  |

**If requiring reimbursement to a bank account please supply the following details:-**

|  |  |
| --- | --- |
| **Bank Name** |  |
| **Account Name** |  |
| **Sort Code** |  |
| **Account Number** |  |

|  |  |
| --- | --- |
| **Signature of Claimant** |  |

**Authority for reimbursement e.g. CWAA Committee Minute:-**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **Claim authorised by:** |  | **Date:** |
| **Position** |  |

Please return completed claim form and receipts either by post or e mail to CWAA Treasurer:-

Roger Wyton,

100 Anfield Court,

Leamington Spa,

Warwickshire,

CV31 1HD.

E mail: rogerwyton@btinternet.com

CWAA Miscellaneous Expenses Claim Form