COUNTY OF WARWICK ARCHERY ASSOCIATION

# EXPENSES CLAIM FORM FOR MEMBERS ON OFFICIAL BUSINESS OR

TRAVEL TO SHOOT IN COUNTY MATCHES OUTSIDE WARWICKSHIRE Please note: Members are requested to share transport when possible.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | Date of Event | | |
| Address |  | | | Purpose of Trip | | |
|  | | |
| Postcode |  | | | Venue - including Post Code | | |
| Phone No |  | | |  | | |
| Email |  | | |
| Travel (Car Mileage) | |  | @ 45\* pence per mile | | |  |
| Number of passengers (must be on official business or competing) | |  | @ 05 pence per mile | | |  |
| Names of passenger9s claiming for. | |  | | | TOTAL | |
| Signature of claimant: | | | | | | |

* Rates agreed at CWAA Committee meeting 26th October 2022

All expenses must be authorised by the CWAA Chairman, Secretary or Team Manager.

All expenses claims MUST be submitted within TWO calendar months of the date that the expenses were incurred.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Authorised by |  | Position |  | Date |
| To be completed by CWAA Treasurer | | | | |
| Expenses | AGREED/REFUSED |  |  |  |
| Total amount |  | Payment  Method |  | Date |

Please send form to treasurer@cwaa.org

CWAA Expenses October 2022