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| **Expenses Claim Form** |

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| **Name:** | **Team:** | **Position held:** | **Month:** |

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| **Full Description of Expense:** | **Total:** |
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| **Total Cost of Claim:** |  |

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| I confirm that this a genuine request for reimbursement and I acknowledge that any fraudulent claim made by me may lead to the club (Burton Youth Football Club) taking legal action against me to recover the costs.  **Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Dated: \_\_/\_\_/\_\_\_\_** |

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| **Receipts attached:** | **Yes** | **No** | **How Paid:** | **Cash** | **BACS** | **Cheque** | **Cheque no:** |

|  |  |
| --- | --- |
| **Paid by:**  **Club Official:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Dated: \_\_/\_\_/\_\_\_\_** |

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| I confirm that I have received the money for  **Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Dated: \_\_/\_\_/\_\_\_\_** | Receipt no: |