

Expenses Claim Form

Name:	Team:	Position Held:	Month:
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Full Description Of Expense:	Total:
Total Cost Of Claim:	

<p>I confirm that this is 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 their fill costs.</p>	
Signed: _____ Printed Name: _____	Dated: ___/___/___

Official Use Only

Receipts Attached:	Yes	No	How Paid:	Cash	Cheque	Cheque No:
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Paid By: Club Official: _____ Printed Name: _____	Dated: ___/___/___
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I confirm that I have received the money for Singed: _____ Printed Name: _____	Date: ___/___/___	Receipt No:
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