

**BRITISH ICE SKATING,  
ENGLISH INSTITUTE OF SPORT, COLERIDGE ROAD, SHEFFIELD, S9 5DA**

**Expense Claim Form**

<b>Name:</b>	<b>Membership No:</b>	<b>Date:</b>
<b>Address:</b>		
<b>Email Address:</b>		

**Activity:** (Please ✓ as appropriate)

( ) Regional Tests Code: - 6319 ( ) Test Organiser Expenses – Code: 6320 ( ) Board Expenses – Code: 8208 ( ) Other (please specify)

**Event/Venue:** \_\_\_\_\_

<p>TRAVEL</p> <p>Car from: _____ To: _____ Return: _____</p> <p>Total Miles@ 40p per mile (from 01 Oct 2014)</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">COST</th> <th colspan="2">VAT</th> <th colspan="2">TOTAL</th> </tr> <tr> <th>£</th> <th>p</th> <th>£</th> <th>p</th> <th>£</th> <th>p</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td align="right" colspan="2"><b>Total</b></td> <td> </td><td> </td><td> </td><td> </td> </tr> </tbody> </table>	COST		VAT		TOTAL		£	p	£	p	£	p																																																							<b>Total</b>					
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Please provide receipts for all monies claimed.  
 Claims are restricted to a maximum of £70 unless previously approved by the relevant chair/director/chief executive.

Originator Signature: _____	Date: _____
Authorising Signature: _____	Date: _____
Finance Committee: _____	Date: _____