

DEVON COUNTY ATHLETICS ASSOCIATION
EXPENSES CLAIM Form

Claimant name	
Address	
Post code	
E-mail address	
Phone number	

*To be completed in accordance with the Devon Expenses Policy.
Please use block capitals where appropriate.
Receipts are to be provided to support each element of the claim except mileage.*

I certify that:

- a) All the particulars set out by me on the reverse of this form are correct and that the mileage covered in each case was necessary for the fulfilment of my duties.
- b) In all cases, where expenditure has been claimed it has been incurred.
- c) Where my private vehicle has been used it is insured so to do and has a valid MOT Certificate.
- d) My BACS details as currently held by the treasurer are correct (if not please amend below)*
- e) Claim forms will not be processed unless signed by the claimant

Claimant	Signed:	
	Date:	
	Name: (block capitals)	

PAYMENT METHOD: BACS - All approved payments are made by BACS

Please enter your bank details. If your bank details have changed since your last claim, tick here:

Bank Name:		Account in Name of:	
Account Number:		Sort Code:	

PLEASE RETURN THIS FORM SIGNED AND FULLY COMPLETED TO THE DEVON TREASURER
DEVON ATHLETICS ASSOCIATION TREASURER, THE GROVE, WALLS HILL ROAD, TORQUAY TQ1 3 LZ OR
EMAIL TO IN_BROWN@HOTMAIL.COM

