

Table 1

TEAM MANAGERS CAN USE THIS FORM TO CLAIM REFUNDS FOR EXPENDITURES PAID FOR FROM FLOATS

COSTS of REFEREES			
<i>Date</i>	<i>££.££</i>	<i>Opposition</i>	<i>Name of Referee</i>
<i>Date</i>	<i>££.££</i>	<i>Opposition</i>	<i>Name of Referee</i>
<i>Date</i>	<i>££.££</i>	<i>Opposition</i>	<i>Name of Referee</i>
<i>Date</i>	<i>££.££</i>	<i>Opposition</i>	<i>Name of Referee</i>

INCIDENTAL FOOTBALL EXPENSES (less than £25 in total per month)		
<i>Date</i>	<i>££.££</i>	<i>Item Description : Attach Receipt</i>
<i>Date</i>	<i>££.££</i>	<i>Item Description : Attach Receipt</i>
<i>Date</i>	<i>££.££</i>	<i>Item Description : Attach Receipt</i>

££.££

TOTAL CLAIMED

Team Manager Name (PRINT)

Team Manager Signature

Date

PLEASE SIGN AND TAKE A PICTURE OF THIS PAGE WITH A MOBILE PHONE AND SEND TO 07808709766 BEFORE EACH MONTHLY MEETING

Your Bank Account Details

Sort - Code

Account Number