



TABLE OFFICIALS EXPENSE FORM

NAME _____

ADDRESS _____

MATCH NO _____ VENUE _____

APPOINTMENT: Table Official / Observer

DATE _____ TIME _____

Match Fee.....	£	:	.
Travel From.....to.....	£	:	.
a) Car Mileage.....miles @ 30.0p per mile.....	£	:	.
b) Company Car.....miles @ 15.0p per mile.....	£	:	.
c) Rail From.....to..... (The actual fare paid up to a maximum of 2 nd Class Ordinary Return).	£	:	.
Meals.....	£	:	.
Accommodation.....night(s) @.....per night.....	£	:	.
Other Viz.....	£	:	.
TOTAL CLAIMED (Receipts must be provided where applicable)	£	:	.

I certify that the above is a correct record of the expenses actually incurred by me.

Signed..... Dated

PLEASE NOTE THAT OPTING TO BE PAID BY BACS HELPS REDUCE OUR ADMINISTRATIVE COSTS

Preferred Payment Method (please circle): Cheque

BACS

If BACS is chosen, please provide your bank details:

Account Name: _____

Sort code: _____ / _____ / _____

Account Number: _____

I wish to donate the amount of £..... to ABBTO. Signature