Gloucestershire Basketball Association

Match Officials Expense Form

OFFICIALS DETAILS										
FIRST NAME			SURN		NAME					
MATCH DETAILS										
MATCH TYPE		VEN			IUE					
DATE							TIME			
APPOINTED AS: (PLEASE CIRCLE)		REFEREE					TABLE OFFICIAL			
COST DETAILS										
Travel from					Travel to and return					
Car mileage			mil	es	@ 45 pence per mile				£	
Bus Fare / T			Total ticket cost				£			
Other claims Please detail Attach Receipts	s								£	
Re	Level Level	1 1 £17.00 1 2 £18.00 1 3 £19.00			Advisory fees for qualified table officials Level 1 £10.00 Level 2 £11.00 Level 3 £13.00				£	
MAXIMUM CLAIM PER MATCH £80.00					TOTAL CLAIM				£	
I certify that the above is a correct record of the expenses actually incurred by me.										
SIGNED							DATE			
Authorised							DAT	E		