

## EXPENSE CLAIM FORM

Name: _____	Date: _____
Address: _____ _____	Claim Purpose: _____
_____	Venue: _____
_____	Other Info: _____

Claim

Miles: _____	@0.50c per mile € _____
Rail _____	Bus: _____
Taxi: _____	Flight: _____
Hotel: _____	Restaurant : _____
Coaching Rate: _____	Other: _____
Detail: _____	

**Total expenses claimed: € \_\_\_\_\_**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**

### CLAIMS MUST BE MADE WITHIN 1 MONTH OF THE EVENT

Banking Details

Name: _____	BIC: _____
IBAN: _____	

*It is policy to pay by bank transfer so please ensure to include your details*

Approved by

Signed: _____	Signed: _____
Date: _____	Date: _____

**Completed form to be returned with receipts to the Treasurer of Swim Ireland Connacht**

 [connachttreasurer@swimireland.ie](mailto:connachttreasurer@swimireland.ie)