



Connacht

## Expense Claim Form

Name
Address

Date
Claim Purpose
Venue
Other Info

### Claim

Miles
Rail
Bus
Taxi
Flight
Hotel

@ 60c per mile
Sustenance
Coaching Rate
Other
<b>Total Amount Claimed</b>

### Bank Details

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

Name

BIC
IBAN

### Approved by

Name
Date

Name
Date

Complete and return with receipts to the treasurer of Swim Ireland Connacht at  
connachttreasurer@swimireland.ie