**CUMBRIA AMATEUR**

**SWIMMING ASSOCIATION**

#### EXPENSE CLAIM FORM – Car Parking at County Championships

N.B. Car parking will be paid for those technical officials who attend both sessions on any given day

|  |  |
| --- | --- |
| Please complete in BLOCK CAPITALS | Date of Claim: |
| Name: |  |
| Address: |  |
|  |  |
| Postcode: |  |
| Phone: |  |
| Email address: | |
| For electronic payments:  Bank Name Sort Code Account No. | |
| Note:   1. All expenses claimed must be in accordance with Cumbria ASA policy. 2. Receipts, where applicable must be attached. 3. Claims must be made within 28 days. 4. Please return to Keith Chisholm at keithchisholm@gmail.com | |

|  |  |
| --- | --- |
|  | Expense  £ |
| Saturday January 25th 2025 |  |
| Sunday January 26th 2025 |  |
| Saturday February 8th 2024 |  |
| Sunday February 9th 2024 |  |
|  |  |
| **TOTAL** |  |
| Signature: | |