

**Congleton Amateur Swimming Club  
Volunteer expenses claims form**

For office use only		
Date received	Payment date:	Cheque number



Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Travel**

Date	Reason for travel	From	To	Via	Total miles		Public transport amount		Amount claimed

**Other expenses**

Date	Description	Amount claimed

Signature of claimant \_\_\_\_\_

Date: \_\_\_\_\_

Authorisation: \_\_\_\_\_

Date: \_\_\_\_\_

For office use only	Heading: _____	Amount: _____
	Heading: _____	Amount: _____
	Heading: _____	Amount: _____