FUNDING CLAIM FORM

British Skydiving, 5 Wharf Way, Glen Parva, Leicester, LE2 9TF

NAME _____ DATE ____ / ____ / ____

DATE	DESCRIPTION COMPS/STC/COUNCIL ETC	JOURNEY DETAILS	TOTAL MILEAGE	CLAIMED AT 45P/MILE	OTHER/SPECIFY	TOTAL	OFFICE USE ONLY
					TOTAL		

SIGNATURE _____

Bank Account Name		Please ensure this matches the name on the bank statement		
Bank Account Number				
Bank Sort Code				
Is this account	Personal ☐	Business ☐	Please tick the appropriate box	

FOR OFFICE USE ONLY

Authorised _____

N.B.

1. Claims should only reimburse what you have already paid out.

2. Where possible share travelling and economise on journeys.

3. Always use the cheapest alternative.

4. Claims may be refused if unreasonable.

5. Any 'out of pocket' expenses must be specifically authorised.

FORM 143(G)

Rates approved from: 21st September 2021

Forms should be posted to the address above or emailed to finance@britishskydiving.org