

TENNIS WALES LTD EXPENSES CLAIM FORM

Data Protection: Please note that the details contained on this form will be seen by our Finance Officer, Authorised Signatory and Company Auditor. In order to process payment, your bank account details will need to be logged onto our Bank Account and Accountancy software. All invoices/expenses will be kept on file for a period of 7 years in order to comply with Data Retention Regulations.

NAME:

DATE:

ADDRESS & POSTCODE:

DATE	FROM	TO	DETAILS / REASON FOR JOURNEY	NUMBER OF MILES	RATE PER MILE	AMOUNT OF MILEAGE CLAIMED	TOLL/PARKING/PETROL	ACCOMMODATION & SUBSISTANCE	OTHER EXPENSES	RECEIPT NUMBER
						0.00				
						0.00				
						0.00				
						0.00				
						0.00				
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						0.00				
						0.00				
						0.00				
						0.00				
SUB TOTALS						0.00	0.00	0.00	0.00	

* ATTACH RECEIPTS

Certificate of Claimant	PAYEE BANK DETAILS	
I certify that this claim is correct and in accordance with current expenses claim regulations. I certify that the sums expended were properly incurred whilst on Tennis Wales business. I further certify that where mileage is claimed that my vehicle has a valid MOT certificate, a current Road Fund Licence, is roadworthy and is insured for Business use. Signed _____ Date _____		BANK:
		A/C NO:
		SORT CODE:
		A/C NAME:
	Analysis of claim:	
	Mileage	0.00
	Toll/parking/Petrol	0.00
Accommodation & Subsistence	0.00	
Other Expenses	0.00	
Total	0.00	

RETURN FORM TO: RACHEL TREVOR, FINANCE OFFICER
 TENNIS WALES LTD, FRANCIS HOUSE, 2 DRAKE WALK
 WATERFRONT 2000, CARDIFF, CF10 4AN
 Company Registration Number: 5760866

Tel: 029 20468331
 Email: rachel.trevor@tenniswales.org.uk

OFFICE USE ONLY			
Nom. Code	Amount	Nom. Code	Amount
Certificate of Manager			
All expenses included on this claim were necessary for business purposes and are duly authorised			
Signed _____			
Date _____			
Bacs	Date	SAGE REF	