

# St. Helens Swimming Club

Affiliated to the ASA NW Region, Lancashire County SWPA



## Expenses Claim Request

Request for payment of expenses incurred			
Date	Reason for Expense	£	Receipt attached Y/N
<b>Total sum claimed</b>		£	

Payment preference: Cheque  Cash  (NB. max cash payment £20)  
(please tick)

Claimed by (print name): .....

Signed: ..... Date: .....

**Authorised by:**

Name: ..... Signed:..... Date: .....

Name: ..... Signed:..... Date: .....

At least 1 signatory must be an officer of the club.

