

NOTTS & DERBY CYCLO-CROSS LEAGUE

Appendix E
June 2016

COMMISSAIRE/JUDGING EXPENSES CLAIM FORM

Event:

Name :

Address :

Post Code :

Travel Expense Details

						Current mileage rate (£/mile):	£0.40
Date	Reason For Travel	From	To	Travel Method	Miles	Amount Claimed	
						£0.00	
						£0.00	
						£0.00	
						£0.00	
						£0.00	

Date	Other Expense Details (including daily fees where appropriate)	Amount Claimed

TOTAL CLAIMED : £0.00

Signed :
(Claimant)

Date :

