



## OFFICIALS EXPENSES CLAIM FORM - INSTRUCTORS

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.*

*6.Daily subsistence of £69 is on the basis of 24 hours including overnight,*

*part days can only be claimed at HMRC's Benchmark Scale Rates, £5 1 meal, £10 2 meals, £10 evening meal.*

*7.Mileage cannot be claimed for trips you do on a personal basis anyway.*

*8. No one can claim for a payment made on someone else's behalf.*

FORM 143(D)

**Rates approved from: 21st September 2021**

Forms should be posted to the address above or emailed to [finance@britishskydiving.org](mailto:finance@britishskydiving.org)