**EXPENSE CLAIM FORM**

**Details of CLAIMANT:**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME:** |  | **BANK NAME:**  |  |
| **ADDRESS:** |  | **BANK ADDRESS:**  |  |
| **EMAIL:** |  | **IBAN:** |  |
| **MOBILE:** |  | **BIC:** |  |

**Details of Expense Claim:**

|  |  |
| --- | --- |
| **DATE(S):**  |  |
| **VENUE:**  |  |
| **EVENT NAME:** |  |
| **AMOUNT OF EXPENSE:****1.** **2.** **3.** **4.**  | **DESCRIPTION OF EACH EXPENSE TYPE (please attach receipts)**1.2.3.4. |
| **TOTAL COST: €** |  |

IMPORTANT NOTE:

\*\*\*Mileage is paid at €0.48c per mile {€0.30c per km.}

\*\*\* Out of pocket expenses must be supported by receipts from the supplier as proof of purchase

I certify that I have undertaken the coaching/volunteer service/work as detailed above in accordance with Table Tennis Ireland policies and procedures. I certify that any expenses claimed were incurred by me while completing coaching/volunteer service/work on behalf of Table Tennis Ireland:

|  |  |
| --- | --- |
|  **SIGNED BY CLAIMANT:**  |  |
|  **DATE:** |  |

I hereby certify that I have examined this claim for expenses and authorise it for payment.

|  |  |
| --- | --- |
| **SIGNED BY DIRECTOR/MANAGER:**  |  |
|  **DATE:** |  |