LEICESTERSHIRE SOCIETY OF RUGBY UNION REFEREES EXPENSES CLAIM FORM FOR EXCHANGE APPOINTMENTS

To be completed, signed and returned to Jenny Burrows - <u>Jenny-burrows@talk21.com</u> - 07814293285 - within 7 days of the match.



Date	Home Team		Away Team	
Played at			Number of Yellow Cards	
(a) - By Private Car Mileage				
From		То		
Other Refer	rees sharing the transport		Total Mileage @ 0.40p	
			Activity / Game	
			Activity / Game	
			Activity / Game	
(b) - By Public Transport - include receipts				
FromTo				
FromTo				
From		То	£	
From		То	£	
(c) - Additional Expenditure - include receipts				
Name			Total Claim	
Address		Signec	ed	

Notes:- Please state the activity of the other members sharing the transport. If refereeing, state game taken, if touch judge, coach or advisor please identify. If other person is not from L.S.R.U.R., please indicate Society or Group. Please advise immediately of any changes to address, postcode, telephone number or email address.