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

To be completed, signed and returned to Nick Lacey, Old Hall Barn, Leyburn Road, Kettlewell, Skipton, BD23 5RN - Telephone 07973849490 - within 7 days of the match.

If claims are not received within this period, it will be assumed that no claim will be made.

Date	Home Team		Away Team			
Played at		N	umber of Yellow	Cards		
(a) - By Private C	ar				Mileage	
From		То				
Other Refe	erees sharing the transport			Total Mileage @ 0.40p		
			Activity / Game			
			Activity / Game			
			Activity / Game			
(b) - By Public Tr	ansport - include receipts					
From		То				
From		То				
(c) - Additional Expenditure - include receipts						
Name				Total Claim		
Address		Signed				

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.

This form should also be completed where expenses have been claimed and re-imbursed by external clubs or Societies (this is for record purposes only).

Please advise immediately of any changes to address, postcode, telephone number or email address.