



PERSONAL EXPENSES CLAIM FORM

Period:

Event:

<u>Description</u>	<u>Amount Claimed</u>	<u>IRIS CODE</u>
Telephone	_____	
Postage	_____	
Photocopying (Receipts attached)	_____	
Stationery (Receipts attached)	_____	
Travel (@ 15p per mile)	_____	
Other (Receipts attached) Please advise details	_____ _____ _____	
Total amount claimed	£_____	

Name of Claimant \_\_\_\_\_

Address of Claimant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Claimant Contact Number \_\_\_\_\_

Signature \_\_\_\_\_

Position within HW \_\_\_\_\_

Date \_\_\_\_\_

**Please return this form to HW when completed**

Hockey Wales  
Sport Wales National Centre, Sophia Gardens, Cardiff. CF11 9SW  
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