**Harpenden Colts FC**

FA 3 Star Accredited Club

Hertfordshire FA

2024/25

**Request for Reimbursement of Expenses**

Use this form only for reimbursement of the categories of expenditure shown.

**For ‘Other agreed expenses’, approval must have been obtained in advance**, before committing the Club to the expense. Please email the Club Administrator at the email address below who will pass your request on to the Treasurer.

***Receipts or other evidence of expenditure must be attached*** *(excluding Referee fees).*

**Completed forms should be sent to the Club Administrator at:** **finance@harpendencolts.com**

|  |  |
| --- | --- |
| Name |  |
| Bank A/C number & sort code (Only if this is your first claim or your bank details have changed) | Account no:Sort code:Note: If your bank details have changed from the last time you made a claim, please make this clear on the form.  |
|  |
| Year Group & Name of Squad / Role |  | Date |  |
|  |
| **Expenses claimed** | **Amount** |
| **Referee fees** | Please state match date, opponent and name of referee. Attach receipts if obtained – but they are not required. Claims for multiple matches/ref fees can be submitted on a single form.  |  |
| Subtotal | £ |
| **Agreed training costs** Please attach your course booking confirmation to your email along with this form.  | Please state course name (e.g. Intro to First Aid / Safeguarding Children / I2CF), course start or booking date and cost. |  |
| Subtotal | £ |
| **Other agreed expenses**See above – prior approval must have been obtained from the Treasurer. | Please give details and attach receipts/evidence of expense.Note: **Equipment purchases will not be paid** unless prior approval has been sought from the Commercial & Operations Manager or Treasurer.  |  |
| **Total of claim**  | **£** |