

HOME COUNTIES ABA CAR MILEAGE CLAIM FORM 30P PER MILE

NAME:

TELEPHONE:

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ADDRESS:

POSTCODE

To be completed in accordance with HCABA Policy. Please use block capitals. All details must be entered in the relevant part of the claim. Failure to do so will result in your claim being returned.

Date	Reason for Trip	Location From	Location To	Name of passengers if car sharing	Mileage	Total £

- All the particulars set out by me on this form are correct and that the mileage covered in each case was necessary for the fulfilment of my duties.
- Any false declaration will lead to disciplinary action being taken against me.

CLAIMANT

Signed:

Date:

Name: (block capitals)

AUTHORISED SIGNATORY

Signed:

Date:

Name: (block capitals)

All expense forms should be sent to the HCABA Secretary for approval: (email attachment accepted)

Faz Keyani
23 Moorland Road
Witney
Oxon
OX28 6LS

faz@oxfordboxingacademy.com

HOME COUNTIES ABA EXPENSES CLAIM FORM

NAME:

TELEPHONE:

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ADDRESS:

POSTCODE

To be completed in accordance with HCABA Policy. Please use block capitals. All details must be entered in the relevant part of the claim. Failure to do so will result in your claim being returned.

Date	Details of Event/Course/Meeting for Which spend incurred including Location	Your Role at Event	Nature of Claim	Total £

- All the particulars set out by me on this form are correct
- Any false declaration will lead to disciplinary action being taken against me

CLAIMANT

Signed:

Date:

Name: (block capitals)

AUTHORISED SIGNATORY

Signed:

Date:

Name: (block capitals)

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