Officials Expense Claim Form

Purpose of claim (event/ competition)			
Date		Venue	
Role (if applicable)			
Name			
Address			
Phone no.			
Email			

Competition			
Bench / Referee	**Rate**	**Number Of Games**	**Total**
Bench Fees	€10.00		€
Referee Fees – 8 min quarters	€20.00		€
Referee Fees – 7 min quarters	€20.00		€
Referee Fees – U16 League	€10.00		€

Date	Venue	Competition	Team A	Score	Team B	Score

Total Expenses		
Total	**€**	***Sterling payments will be calculated by Swim Ireland as per current foreign currency rates***
Sterling Total	**£**	

Account details	
Name on account	
BIC	
IBAN	

I confirm all expense claimed are in line with Swim Ireland allowable expenses and all receipts are included with this claim form.
(Claims must be submitted within one month of event/ meeting or activity)

Signed	
Date	

OFFICE USE ONLY			
Dept.		N/C	
Amount	€ £		
Approved by		Paid by	
Date		Date	

Completed forms & receipts must be returned to

waterpolo@swimireland.ie AND wptreasurer@swimireland.ie