

**MATCH OFFICIALS CLAIM FORM**

|  |  |
| --- | --- |
| Name |  |

|  |  |
| --- | --- |
| Address |  |

|  |  |
| --- | --- |
| Sport | Men / Women |

|  |  |  |
| --- | --- | --- |
| Date | Details (e.g. Men 1 v Warwick 2) | Fee Claimed (£) |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Expenses to be Reimbursed |  |

|  |  |
| --- | --- |
| **Total Claimed** | **£** |

### **Payment will be made by BACS. Please complete bank details if not previously supplied.**

|  |  |
| --- | --- |
| If you have previously supplied bank details, tick here |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Bank Name |  | Account Name |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Sort Code  6 digits |  | Account Number  8 digits |  |

I certify that the above is a correct record of the expenses actually incurred by me

|  |  |  |  |
| --- | --- | --- | --- |
| Signed (Claimant) |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed By Team Captain or Coach |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed By SU Sport |  | Date |  |
| OFFICE USE ONLY  Codes to be Charged |  | | |

\*By completing this form you are in agreement that you are responsible, as a self-employed match official, for your own PAYE.

WSU takes its responsibilities around data protection very seriously. You can view our Data Protection and Information Security Policy, as well as our organisation’s Privacy Notices at

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