**WHUA (SOUTH REGION) - UMPIRING EXPENSES CLAIM FORM**

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| **Name:** |  |
| **Address:** |  |
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| Date | Match | Venue | Mode of travel | Total Mileage **Per match** | Claim @ 30p per mile | **Claim @ 24p per mile**  **Please name passenger** |

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| Please indicate Total Mileage and Total Amount claimed under relevant heading | | | | | | |

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| Number of Appointed games umpired |  | @ £10 per game = Total cost | £ |

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| **TOTAL CLAIM (Expenses + Umpire Fee)** | **£** |

Please send to WHUA (South Region Treasurer) - MRS ANNE MULLIN, 1, WHITE HART LANE, CAERLEON, NEWPORT, NP18 1AB

EMAIL: mullinanne@yahoo.com