**REFEREE CLAIM FORM**

Please make sure you fill in **ALL PARTS** of the form, any missing information will result in the claim not being processed. Claimants using their own vehicles on Union activites are responsible for ensuring that they have appropriate motor insurance in place.

|  |  |
| --- | --- |
| **First Name:**  | **Surname:**  |
| **Address:**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Fixture** | **Sport** | **UCSU Team** | **Opposition** |
|  |  |  |  |
|  |  | **Payment Amount** |  |

|  |  |  |
| --- | --- | --- |
| I would like to receive payment by:  |  |  |
|  |  |  |
| **Account Name:**  |  |  |  |
| **Account No:** |  | (This is an 8 Digit Number) |
| **Sort Code:** |  |  |

I confirm all information provided is correct and that I understand the UCSU accepts no responsibility for personal Tax / NI relating to this payment.

|  |  |
| --- | --- |
| **Print Name** | **Sign**  |

**UCSU Office Use Only**

Authorised:

**£**

Amount Authorised:

Date Authorised: / / 20

|  |  |  |  |
| --- | --- | --- | --- |
| Account Code |  | Expense Paid out | Input into Sage |
|  |  |  |  |  |  |  |
|  |  |  |  |
| Sport | «Sport» | UCSU Team | «UoC\_Team» |