



**BRITISH UNIVERSITIES & COLLEGES SPORT
CRICKET PREMIER LEAGUE A – UMPIRE EXPENSE CLAIM FORM**

Please pay (Print Name): _____
Volunteers Name (if different to above): _____
Institution: _____

Address (**IN FULL** where cheque is to be sent): _____

_____ Post Code: _____

Tel No.: _____ Email: _____

Venue: _____ Date of Event _____

Note: Travel expenses are not claimable.

Please complete games here:

1

2

3

4

_____ Match fee (..... games @ £50 per game) _____ £

TOTAL CLAIMED _____ £

Signed: _____ Date: _____

Please attach all receipts and return this form to: **BUCS, 20-24 Kings Bench Street, London, SE1 0QX.**
Failure to attach receipts may result in a claim being refused.

Office use only

Date: _____ Budget Code: _____ **750701 / 048 / 026** Certified Correct: _____