



Umpire's Expense Claim Form

Name _____

ACO Membership no. ACO

Event Details

Competition _____

Round _____

Venue _____

Date _____

Matches _____

Financial details

Match fee _____ day(s) at £30 per day = £ _____

Travel _____ miles at 30p per mile = £ _____

Total claimed _____
£ _____

Payment details

Account Holders name _____

Sort code

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Account Number

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Signed _____

Please return to: Cricket Partnerships Department
England & Wales Cricket Board
Lord's Cricket Ground
London
NW8 8QZ

FOR OFFICE USE ONLY

Checked by _____ Date _____

Authorised by _____ Date _____

Nominal Ledger Code 7 3 0 4 1 Dept CRI