Your Details

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Email |  | Phone |  |
| Invoice Date |  |

Activity

|  |  |  |
| --- | --- | --- |
| Date | Activity (Including venue) | Amount  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total |  |

Mileage Expense

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Start postcode | Venue Postcode | Mileage (above 20) | Total (40p a mile)  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total |  |

You can currently claim for any miles above 20 miles e.g. you travel 24 miles and can therefore claim for 4 miles.

Total Claim

|  |  |
| --- | --- |
| Verification (I am aware that I am responsible for any tax liability in conjunction with this invoice) | Amount Totals |
| Signature (can be typed if sent electronically) | Date | Activity amount | £ |  |
|  |  | Mileage amount | £ |  |
| Total claim | £ |  |

Payment Details (only required upon first submission)

|  |  |
| --- | --- |
| Bank Name |  |
| Sort Code |  |
| Account Number |  |
| Holder’s Name |  |
| Reference |  |

Thank you for officiating for Kent Netball Association

If you require assistance in completing this form, please contact the County Officiating Lead via email – officiating@kentnetball.co.uk