

**Monmouthshire Ladies' County Golf Association  
Expenses Claim Form**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**To enable payment direct into your Bank Account please provide:**

**Bank Account No:** \_\_\_\_\_ **Sort Code:** \_\_\_\_\_

<b>Competition:</b>	<b>£</b>
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<b>Mileage:</b> @20p per mile	
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<b>Accommodation:</b>	
Nights @ £ _____ per night	

<b>Miscellaneous Expenses:</b>	
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<b>Total Expenses Claimed:</b>	
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**Signature:** \_\_\_\_\_

**For MLCGA Reference**

<b>Expenses checked</b>	
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<b>Cheque No. / BACS Payment Sent</b>	
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<b>Signature</b>	
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