

ESFA U13 & U15 INTER ASSOCIATION TROPHY

TRAVEL CLAIM FORM

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# This form must be completed and forwarded to [competitions@esfa.co.uk](mailto:competitions@esfa.co.uk)

*From Round Three onwards in the above competitions,   
the visiting association is entitled to claim at the rate of £1 per mile*

Top of Form

|  |  |  |  |
| --- | --- | --- | --- |
| THIS CLAIM IS FOR THE FOLLOWING MATCH | | | |
| Age Group |  | Round |  |
| Date |  | Opponents |  |

Bottom of Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TRAVEL** Based upon shortest AA route | | | | |
| Meeting Point |  | | | |
| Match Venue |  | | | |
| Total Number of Miles Travelled (return journey) |  | **@ £1:00 per mile** | | |
| TOTAL CLAIM | **£** | **:** | **p** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BANK ACCOUNT DETAILS** | | | | | | | | | | | | | | | |
| Name of District Association | | | | | | | | | | | | | | | |
| Name and Branch of Bank | | | | | | | | | | | | | | | |
| Name of Account | | | | | | | | | | | | | | | |
| Bank Sort Code |  |  |  |  |  |  | Account Number |  |  |  |  |  |  |  |  |

Travelling expenses may be paid from Round Three in this competition. The visiting Association may complete an Official Travel Claim Form on behalf of the Official Party, which shall be forwarded to ESFA Headquarters within seven days after the match has taken place.

**If you have any queries please email** [**darren.alcock@schoolsfa.com**](mailto:darren.alcock@schools.com)