ESFA U11 9-A-SIDE INTER DISTRICT CUP

TRAVEL CLAIM FORM

# This form must be completed and forwarded to [competitions@schoolsfa.com](mailto:competitions@schoolsfa.com) within 7 days, after the match has taken place.

From ROUND 3 (last 16) onwards in the above competitions, the visiting association is entitled to claim at the rate of £1 per mile, for a return journey, on behalf of the official party. Welsh Associations are not eligible to claim travel grants from ESFA.

|  |  |  |  |
| --- | --- | --- | --- |
| 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** |

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

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| --- | --- | --- | --- |
| Completed by |  | Position |  |
| Date |  |  | |