**APPLICATION MUST BE RECEIVED BY 12 NOON ON THE THURSDAY PRECEDING FINANCE COMMITTEE MEETING**

**APPLICATION TO REPRESENTATION FUND**

Please complete this form in full, supplying all relevant details. A form which does not supply sufficient information may be returned by the Finance Committee

**PLEASE REFER TO GUIDELINES OVERLEAF BEFORE COMPLETING**

NAME OF CLUB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NATURE OF CLAIM

|  |  |
| --- | --- |
| Event |  |
| Location |  |
| Number of Nights (Include dates) |  |
| Travel  Miles (Car) / Flight /Train |  |
| Other |  |
| Names and Matric Numbers of  UofE Athletes competing |  |

Breakdown of Claim amount: Travel £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accommodation £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU RECEIVING FUNDING FROM OTHER SOURCES OR AWARDING BODIES e.g. National Governing Body, Lottery Fund etc. in relation to this event(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treasurer: Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant: Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

