EDINBURGH UNIVERSITY SPORTS UNION

RESERVE & SAFETY FUND

**Application must be submitted to the Accounts Manager by 1200 noon on the Wednesday preceding upcoming Finance Committee Meeting.**

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.

|  |  |
| --- | --- |
| **Name of Club** |  |
| **Amount of Claim** |  |
| **Nature of Claim** |  |
| **Full Breakdown of Costs (inc. VAT & Delivery)** |  |
| **Number of Club Members** |  |
| **Bank Balance**  **1st Sept. this academic year** |  |
| **Bank Balance**  **Most recent statement** |  |
| **Other relevant information** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | | |
| **Committee Position** |  | **Date** |  |