



**UISA OFFICIALS EXPENSE  
CLAIM FORM**  
MUST BE SUBMITTED WITH MATCH REPORTS

Name \_\_\_\_\_ Tel: (    ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Date	Teams	Age/Cup	Location	Ref /AR	Amount

Assistant referee fee 1/2 of referee game fee  
Game fees on mileage chart

Sub Total "A" \$ \_\_\_\_\_  
( add below )

**General Expenses**

Own vehicle TRAVEL (return Km) Description \_\_\_\_\_  
( from where to where )

Mileage: \_\_\_\_\_ @ \$0.36/km ( see chart for max. claim amounts ) = \$ \_\_\_\_\_

Ferry / Parking / Meal (if applicable) ( Please attach receipts ) = \$ \_\_\_\_\_

Sub Total "B" \$ \_\_\_\_\_

TOTAL A&B \$ \_\_\_\_\_

Signature of Claimant: \_\_\_\_\_

\_\_\_\_\_   
Print name (cheque payable to)

Date: \_\_\_ / \_\_\_ / \_\_\_

Approval \_\_\_\_\_   
UISA Executive

\_\_\_\_\_   
Print Name

Date: \_\_\_ / \_\_\_ / \_\_\_