



Funded by:



Leading learning and skills



**ADVANCED APPRENTICESHIP IN SPORTING EXCELLENCE
ATHLETE TRAVEL & ACCOMMODATION REFUND CLAIM FORM**
(Please refer to the "How to Claim" guide for terms and conditions)

ATHLETE NAME			
DATE OF BIRTH			
BEST CONTACT NUMBER			
E-MAIL (you will be sent a remittance advice via e-mail)			
ACCOUNT HOLDER NAME (S)			
SORT CODE			
ACCOUNT NUMBER			
DATE OF CLAIM			
CLAIM	DETAILS		TOTAL COST
<i>ACCOMMODATION</i>			
<i>TRAVEL (A)-OVERVIEW</i> <i>(tick which applies to you)</i>			
<input type="checkbox"/> Rail			
<input type="checkbox"/> Taxi			
<input type="checkbox"/> Other Transport			
<input type="checkbox"/> Private Car	Total Miles:	x £0.15 per mile	
TRAVEL (B)-JOURNEY BREAKDOWN			
Reason for Travel/ Event Name			
JOURNEY TO AASE DESTINATION (OUTWARD)		JOURNEY FROM AASE DESTINATION (RETURN)	
Date of Travel:		Date of Travel:	
Travel From (postcode):		Travel From (postcode):	
Travel To (postcode):		Travel To (postcode):	
Total Miles:		Total Miles:	
List journey details including, other athlete pick ups (names and locations), use of combined public and private transport.		List journey details including, other athlete pick ups (names and locations), use of combined public and private transport.	

PLEASE RETURN FORM TO:

LUCY ALLSOP, ENGLAND TALENT/AASE ADMINISTRATOR,
35 GRANBY STREET, LOUGHBOROUGH, LEICS, LE11 3DU
T: 01509 615442, F: 01509 237925, E: lucy.allsop@swimming.org

BELOW IS FOR OFFICE USE ONLY	
TO CLAIM BACK FROM LSC ON TPS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
BUDGET CODE	
CLAIM FORM PROCESSED BY	
CLAIM FORM AUTHORISED BY	
DATE OF AUTHORISATION	
DATE CLAIM FORM SENT TO FINANCE	

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