



**AWAY**

**SHEET DISTRIBUTION**

1 x The FA

1 x Retained

# STATEMENT OF RECEIPTS & PAYMENTS FORM

**TheFA**



PLEASE COMPLETE IN BLOCK LETTERS  
(Please write in ink)

COUNTY/LEAGUE:		
<b>COMPETITION:</b> <small>delete as necessary</small>	THE FA COUNTY YOUTH CUP	THE FA NATIONAL LEAGUE SYSTEM CUP

Statement of Receipts and Expenditure of the Away Association/League .....

Match ..... v .....  
(Home Association/League) (Visiting Association/League)

Played at..... On.....

Kick-off time ..... Attendance .....

Round .....

EXPENDITURE	£	P
<i>Team Expenses</i>		
Meals – Before Match (max £5.00 per head for 25 persons)		
<i>* This shall only be allowed where the travelling time exceeds two and a half hours or travel over 80 miles prior to the tie.</i>		
After Match (max £8.00 per head for 25 persons)		
<i>Travelling</i> (£3.00 per coach mile from departure point to ground)		
<i>Hotel Expenses</i> (£30.00 per night for 25 persons)		

Claim to be submitted by The Away Association/League direct to: The Football Association, Wembley Stadium, PO Box 1966, London SW1P 9EQ within SEVEN days of the match. Herewith statement of account together with supporting vouchers covering payments.

Signed..... Official Position .....

Address.....

..... Date .....