

**CHESHIRE FA Senior Cup**

 

STATEMENT OF RECEIPTS & PAYMENTS FORM

Please complete in BLOCK LETTERS in black font or black ink

|  |  |  |  |
| --- | --- | --- | --- |
| **Home Team:**  |  | **Date:** |  |
| **Away Team:** |  | **Venue:** |  |
| **Attendance:** |  | **Round:** |  |

### RECEIPTS

|  |  |  |
| --- | --- | --- |
|  | **£** | **d** |
| Receipts from Terraces / Stands / Enclosures |  |  |
| \*Less VAT at the current rate if applicable |  |  |
| **TOTAL** |  |  |

### PAYMENTS (\*Exclusive of VAT)

|  |  |  |
| --- | --- | --- |
|  | **£** | **d** |
| PRINTING / ADVERTISING |  |  |
| POLICE |  |  |
| STEWARDS |  |  |
| TURNSTILE OPERATORS |  |  |
| REFEREE FEE |  |  |
| REFEREE ASSISTANTS FEES |  |  |
| MATCH OFFICIALS TRAVELLING EXPENSES |  |  |
| FLOODLIGHTS |  |  |
| VISITORS TRANSPORT EXPENSES |  |  |
|  |  |  |
| **TOTAL** |  |  |

|  |  |  |
| --- | --- | --- |
| **PROFIT – BALANCE FOR DISTRIBUTION or (LOSS) =** | **£** | **d** |

|  |  |  |
| --- | --- | --- |
|  | **£** | **d** |
| HOME CLUB |  |  |
| AWAY CLUB |  |  |
| CHESHIRE COUNTY FA LIMITED |  |  |
| **TOTAL** |  |  |

Please complete this form and return to Ray Pullen at**Ray.Pullen@CheshireFA.com**within seven days of the game being played.

Please also send a copy to the Visiting Club within seven days of the game
being played.

 **Please return this form completed to:** **Ray.Pullen@CheshireFA.com** **within 72 hours of the game being played.**

**All monies, where applicable, must please be forwarded to:**

Ray Pullen, Cheshire FA, Hartford House, Hartford Moss Recreation Centre,
Northwich, CW8 4BG.

**\*VAT adjustments only necessary if the home club is registered for VAT.**





|  |  |
| --- | --- |
| **Signed:** |  |
| **Position:** |  | **Club:** |  |



 **CheshireFA.com/cups-and-competitions** @CCFACountyCups

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