

**BOWMOOR SAILING CLUB
RYA RECOGNISED TRAINING CENTRE**

INSTRUCTOR'S EXPENSES FORM

Name..... Surname
Address
Telephone (H).....(W).....(Mobile).....
E-mail
Bank Account for payment.....
Course Dates

EXPENSES **DAYS** @ £ / **DAY** = £.....
 **DAYS** @ £ / **DAY** = £.....

I confirm that I am personally responsible for payment of any Income Tax and National Insurance that may be payable, with regards to payment of these expenses by Bowmoor Sailing Club

Signature **Date** **TOTAL** £.....

Approved by (SI/ Principal) **Date**

Paid on.....

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