

# Officials Payment Receipt

Name of student claimant:

Club

Date	Match details (e.g. date, opposition)	TOTAL (£)

SIGNED BY OFFICIAL 1 & 2:		
PRINT NAME OF OFFICIAL 1 & 2:		

SIGNED BY TEAM CAPTAIN:	
PRINT NAME TEAM CAPTAIN:	



To claim, please attach this form to a Payment Request Form which is available on [www.lsesu.com](http://www.lsesu.com) or from the Activities Resource Centre



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