



Umpires End of Season Claim Form

Umpire Name: _____ Date: _____

Date	Scheduled Match (Home side first) <small>(If no match scheduled per original list, please state "None")</small>	Actual Match (Home side first) <small>(If actual match is the same as the match scheduled per original list, please state "Same")</small>	Outcome <small>A - Abandoned C - Cancelled U - Umpired W - Withdrew</small>
28 th Apr			
5 th May			
12 th May			
19 th May			
26 th May			
2 nd Jun			
9 th Jun			
16 th Jun			
23 rd Jun			
30 th Jun			
7 th Jul			
14 th Jul			
21 st Jul			
28 th Jul			
4 th Aug			
11 th Aug			
18 th Aug			
25 th Aug			

Summary

Total Number of Abandoned Matches Umpired	@£38 per match	£
Total Number of Completed Matches Umpired	@£38 per match	£
Exceptional Claim Item (Please give full details)		£
Subtotal		£
Less Prepayment		£
Total Claim		£

Please submit claim to the Treasurer before the end of September.