



EXPENSE CLAIM FORM

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| Reimbursement Required By: | |
| Date Claim Submitted: | |

EXPENSE DETAILS

| DATE | Payment made to: | Project expense incurred for: | Account Code | Amount | Office Use only | |
|--------------|------------------|-------------------------------|--------------|--------|-----------------|-----|
| | | | | | GST | Net |
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| TOTAL | | | | | | |

NB:

- Please attach all appropriate receipts for payment to be approved
- Claim must be presented to appropriate Club Officer for approval prior to payment.
- Expense claims are processed with fortnightly payroll unless otherwise approved by CEO

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|------------|--|
| Approval: | |
| Date: | |
| Amount: | |
| Cheque No: | |

BSB (6 digits): _____
Name of Bank: _____

Account Code: _____
Account Holder: _____