



Club/Zone Expense Claim Form

Claimant (e.g. Event Secretary or Individual)

Name of Claimant:	Position (if applicable):
Email Address:	
Day Contact Number:	Mobile:

Type of Activity (tick appropriate box)

Assessment
 Coach Panel Meeting
 Judge/Course Design
 Executive Meeting
 Other (please specify): _____

Event:	
Venue:	
Hosted By:	Date:

Travel Cost: Officials to be paid travel and/or \$80 for the first day (whichever is greater) plus a payment of \$80 per day thereafter whilst performing official duties for club/zone.

Motor Vehicle - travel returned

From Address	To Address	No of Km Travelled	Recommended Rate at 80c/km
			\$
			\$
\$20 meal allowance to driver and passenger for travel from 200km and up to 400km each way			\$
\$35 meal allowance to driver and passenger for travels exceeding 400km each way			\$

Accommodation: Number of Nights _____ When billet is not available, meals & accommodation will be paid up to a maximum of \$150 per day presentation of receipts.	\$
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Other Reimbursements (Receipts <u>must</u> be supplied)	
Item	Amount
	\$
	\$
	\$
Total Claim	\$

Claimant Signature: _____	Dated: _____
Authorised by (Club/Zone): Print Name: _____ Signature: _____ Position Held: _____	Dated: ____ / ____ / ____

Payment will be made by EFT: Please complete below details: **Details on File (tick if applicable)**

Account Name:	
BSB No:	Account No:

CLUB/ZONE OFFICE USE ONLY:

A/C Code: _____ **Amount Paid: \$** _____ **Dated:** _____ **Initial:** _____