South Queensland Archery Society Inc ABN: 51 238 077 419

To Avoid Errors Please Print Clearly

EXPENSE CLAIM FORM



The Treasurer 34 Kinross St SPRING HILL Q 4000

Payable To:

e: treasurer@archerysqas.org.au

Claim Date:

Address:				
Email:		Contact No:		
Account Name	:			
BSB:		Account:		
Date	Item Desc	ription		Claim
NOTE: reimbursement will be made by Direct Credit - please check your bank details (above). Total This Claim			\$	

- Judges & Meal Allowances Refer SQAS Policy "Travel and Judge Allowances" Mileage Claim 85c per kilometre per vehicle return (60c pre July 2024)
- Other Claims Attach original receipts if no receipts are available a detailed explanation of the expense must be provided for your claim to be considered.

Signature: