|  |
| --- |
| **South Queensland Archery Society Inc** ABN: 51 238 077 419 |

**EXPENSE CLAIM FORM**

The Treasurer

34 Kinross St

SPRING HILL Q 4000

e: treasurer@archerysqas.org.au **Claim Date:**

|  |
| --- |
| *To Avoid Errors Please Print Clearly* |
| **Payable To:** |  |
| **Address:** |  |
| **Email:** |  | **Contact No:** |  |
| **Account Name:** |  |
| **BSB:** |  | **Account:** |  |

| **Date** | **Item Description** | **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: