

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	\$
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- Meal Allowances - Refer SQAS Policy "Travel Allowances"
- Judge, Coaching & Event Hosting Claims - Refer SQAS Policy - "SQAS Fees Claimable"
- Mileage Claim - Refer SQAS Policy - "SQAS Fees Claimable" for rate of reimbursement
- 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: