

# Expense Claim Form



**EVENT**  
**PERIOD or DATE**

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Email** \_\_\_\_\_  
**Bank Account** \_\_\_\_\_

Date	Details (include purpose)	Amount	Office Use
ATTACH ALL RECEIPTS TO THE BACK. RECEIPTS MUST HAVE A GST NUMBER			
<b>TOTAL</b>			

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

\_\_\_\_\_  
**AUTHORISED: NAME (Capitals) / Date / Signature**

**OFFICE USE**  
 Date paid: \_\_\_\_\_ Method: Internet / Cheque / Cash