



Port Macquarie Surf Life Saving Club Expense Reimbursement Form

Name of person claiming reimbursement: _____

Signature: _____ **Date of Claim:** _____

Date	Reason for Expense	Where is Receipt from	Amount	GST
Total Expenses claimed above:				

Receiving Reimbursement:

How	Account Name	BSB	Account Number
Direct Credit			
Cheque	Payable to: _____		

Reimbursement of Expenses Approval:

Committee Meeting Date/...../.....	Approved	Declined
Treasurer Signature			

Treasurer:

Date Paid:/...../.....

Cheque Number: _____

Please note:

1. **All original Tax Invoices for expenses claimed must be attached.**
2. All club member reimbursements are to be approved by the Management Committee.
3. Reimbursements for committee members are to be approved by the President or Treasurer in the first instance and tabled for noting at the next Management Committee Meeting.