



EXPENSE RE-IMBURSEMENT CLAIM FORM

CLAIMANT DETAILS:

Name: _____
Phone: _____ Date: ____/____/____
Email: _____

FUNCTION EXPENSE: (MULTIPLE FUNCTIONS ALLOWED ON 1 FORM)

General Committee \$ _____ : _____
State Convention \$ _____ : _____
August Dance \$ _____ : _____
November Dance \$ _____ : _____
Annual General Meeting \$ _____ : _____
Squares Around Victoria (SAV) \$ _____ : _____
Other \$ _____ : _____

Total: \$ _____ : _____

Details of the expense (please attach receipts and/or accounts);

Account Details if EFT Payment is required:

BSB: _____ - _____ ACCOUNT: _____

Signature of claimant: _____

OFFICE USE ONLY – Payment Details

Approved for payment by: Date Approved:/...../.....

MYOB Account No: **MYOB Job No:**

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

General Committee
V.S.D.A. Executive
V.S.D.A. Sub-Committee

Cheque EFT

Treasurer: