**Cheque No:** _____
or
**EFT Date:** _____

# EXPENSE REIMBURSEMENT CLAIM FORM
# Little Athletics Chelsea

**Claimant:** _____

**Address:** _____

**Suburb:** _____ **Postcode:** _____

**Phone Number:** _____

| Description of expenditure | Date of expenditure | Amount $ |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | TOTAL | $ |

Account to credit: BSB: _____ ACCOUNT NO: _____

Claimant Signature: _____ Date: _____

Approved: _____
(Centre Executive Committee Member – President, Vice President, Secretary or Treasurer only)

Paid by**:** _____ _____
(Signature of the two members of Exec. who signed the cheque/EFT)

NOTE: CENTRE EXECUTIVE SIGNATORY IS **NOT** PERMITTED TO ALSO BE THE CLAIMANT SIGNATORY