**Expense Reimbursement Claim**

Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member Number: \_\_\_\_\_\_\_\_\_\_

Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BSB: \_ \_ \_ - \_ \_ \_ A/C: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Rally Date** | **Rally Name as per approved Club Calendar** | **Total** |
| ……./ ….…./ ……….... |  ………………………………………………………………………….. Route Setter / Backup Driver (circle) | \*1\*≤$75 (pre approved) |
| **Purchase Date** | **Item Description & Purpose** | **Total** |
| ……./ ….…./ ……….... |  | \*2\* |
| ……./ ….…./ ……….... |  | \*2\* |
| ……./ ….…./ ……….... |  | \*2\* |
| ……./ ….…./ ……….... |  | \*2\* |
| ……./ ….…./ ……….... |  | \*2\* |

\*1\* Receipts not required for Route Setter or Backup Driver Claims

\*2\* Please attach receipts for all other claims to this form

Claimant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted: ……./ ……../ …………..

…………………………………………………..Committee Use Only …...……………………………………………………

Approved: YES / NO Name/Pos’n: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_

Paid: ……. / …….. / …………… Method: EFT / Other ……………………… Entered in Xero