



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* ≤\$50 (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