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**Canberra Region Amateur Radio Club Inc**

**GPO Box 600, Canberra City ACT 2601**

**Incidental Expenses Claim Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Claimant** |  | **Date** |  |
| **Address** |  | **Post Code** |  |

**Details of Claim**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Item** | | | | | **A - Amount  Receipt Attached** | **B - Amount –  No Receipt** |
|  | | | | | **$** | **$** |
|  | | | | | **$** | **$** |
|  | | | | | **$** | **$** |
|  | | | | | **$** | **$** |
|  | | | | | **$** | **$** |
|  | | | | | **$** | **$** |
|  | | | | | **$** | **$** |
| **Column Totals** | | | | | **$** |  |
|  | | | | | **Total (A+B)** | **$** |
|  | **EFT Details :** |
|  | **BSB:** |  | **Account No.** |  | | |
|  | **Account Name:** |  | | | | |

|  |  |
| --- | --- |
| **Signature of claimant:** |  |

**Treasurer’s Use Only**

Date of meeting approving / ratifying expenditure:

**Cheque number / EFT Reference dated**