



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:	
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Treasurer's Use Only

Date of meeting approving / ratifying expenditure: _____

Cheque number / EFT Reference _____ dated _____