

**Canberra Region Amateur Radio Club Inc**

**Mailbox 2-06, 20 Genge Street, Canberra ACT 2600**

**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**