

MIRANDA TOASTMASTERS CLUB 3554/70/12

Expenses Claim Form 2016-2017

DATE	
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MEMBER		
COMPANY		Claim #

Item No.	EXPENSES	AMOUNT	OFFICE USE ONLY
1			
2			
3			
4			
5			
6			
7			
8			
TOTAL			

Claimant

I declare that the above claim is a true statement of expenses incurred.

Signed Date

Number of Attachments	
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APPROVAL

Method of Payment	Date of Payment
Direct Credit	
Cheque	
Cheq Number	

Direct Credit Details

Bank
Branch
BSB
Acct #
<p>If you are being reimbursed, insert your banking details into the box above. If we are transferring funds to an outside company, insert their banking details into the box above.</p>

Two Signatures Required

Pres	
VPE	
VPM	
Treas	