

Please send your completed form to: treasurer@stormwater.asn.au

Name:

Title/Role:

Date	Description	Claim Code	Amount \$	Includes GST (Y/N)	Receipt Provided (Y/N)	Other Evidence (if required)
Total						

Claim Codes:

AF – Airfares T - Travel (other than airfares) M - Meals A - Accommodation O - Other
Please **attach** scanned receipts verifying claim

Reimbursement Method

- EFT BSB: A/C:
- Other Specify:

Declaration

In making these reimbursement claims I declare that all expenses relate to legitimate Association business and in line with relevant policies.

Signature: Date:/...../.....

Office Use

Claim Approved: Yes No (if no, reason)

Approved by: Date:/...../.....

Date reimbursed:/...../.....