



REIMBURSEMENT CLAIM FORM

For correct records to satisfy the ABA's auditor, all expenses listed as having been paid by you require a tax invoice to be attached to this form.

If you have a shop eftpos receipt, write on the section showing your card payment details your name.

If you have a tax invoice, which you then paid yourself by card or bank transfer, attach evidence of your payment as well – eftpos or credit card slip or screenshot from your bank account/statement.

NOTE: Future tax invoices can be forwarded to the Branch Treasurer for payment if the supplier is happy to wait a few days for two branch executive members to organise the bank transfer. Or you can give the supplier the treasurer's email for them to send it directly treasurer@abafnqbranchb.com

<i>DATE OF RECEIPT</i>	<i>DETAILS OF SUPPLIER</i>	<i>DETAILS OF EXPENDITURE</i>	<i>AMOUNT CLAIMED</i>
			\$
			\$
			\$
		TOTAL	\$

NAME OF CLAIMANT

SIGNED

DATE

Bank account details for reimbursement:

Acc Name:

BSB:

Acc #:

Approved at Branch Meeting dated:

Moved by:

Seconded by:

Bank transfer setup DATE

by treasurer NAME:

SIGNED

Approved by

NAME:

SIGNED