

## **Expense Claim**

**F2** 

October 2019

| Use of this   | s Form  |   |  |              |  |   |                           |           |  |       |
|---|---|---|--|--------------|--|---|---------------------------|-----------|--|-------|
| When submit<br>Claimants sh<br>claim.<br>Claims shoul | tting this claim,<br>nould ensure au<br>ld be submitted | laim Expenses in all tax invoices / uthority is obtained to the Budget A budget head, a | receipts for ex<br>d for purchase<br>uthorised Perse | on or Scout  | required (a credget Authorise) Manager, as a | edit card rece<br>d Person of t<br>appropriate. | eipt or a qu<br>he budget | area befo |  | •     |
| Has a cash  | advance pre   | relation to   | these expe   | nses         | Yes  |   | No                        |           |  |       |
| Details of p  | erson/com   | pany/group t  | o be paid (F   | Please pri   | nt clearly)                                  |   |                           |           |  |       |
| Name  |   |   | Mem  |              |  | Memb  | ership#                   |           |  |       |
| Address   |   |   | State  |              |  | State   |                           |           |  |       |
| Suburb  |   |   | Postcode   |              |  |   |                           |           |  |       |
| Email addr  | ess for remit   | ttance advice   |  |              |  |   |                           |           |  |       |
| Activity / B  | udget Area  |   |  |              |  |   |                           |           |  |       |
| Reason for  | claim   |   |  |              |  |   |                           |           |  |       |
|   |   |   |  |              |  |   |                           |           |  |       |
| Claim Deta  | ils   |   |  |              |  |   |                           |           |  |       |
| Date Expense Des                                      |   |   | cription   |              | Code   | Dep   | t                         | GST       |  | Gross |
|   |   |   |  |              |  |   |                           |           |  |       |
|   |   |   |  |              |  |   |                           |           |  |       |
|   |   |   |  |              |  |   |                           |           |  |       |
|   |   |   |  |              |  |   |                           |           |  |       |
|   |   |   |  |              |  |   |                           |           |  |       |
|   |   |   |  |              |  |   |                           |           |  |       |
|   |   |   |  |              |  |   |                           |           |  |       |
|   |   |   |  |              |  |   |                           |           |  |       |
|   |   |   |  |              |  | TO  | TAL                       |           |  |       |
| Bank details for EFT Payment                          |   |   |  |              |  |   |                           |           |  |       |
|   |   |   | nt Number  |              | Account Name                                 |   |                           |           |  |       |
|   | •   | was necessar  | •  | ly incurred. | ,  |   |                           |           |  |       |
| Claimant N  | lame  |   |  |              |  |   |                           | _         |  |       |
| Claimant S  | ignature  |   |  |              | Date   |   |                           |           |  |       |
| Budget Au   | thority Name  | )   |  |              | -  |   |                           | _         |  |       |
| Budget Au   | thority Signa   | ature   |  |              |  | Date  |                           |           |  |       |