



Expenses Reimbursement

Spencer Park Surf Life Saving Club Inc.			
SECTION A: RECIPIENT INFORMATION			
Name:		Date:	
Postal Address:			
Bank Account #:			

SECTION B: REASON FOR REIMBURSEMENT:			
Personal Spend for a Club activity (Team Manager etc)	yes	<input type="checkbox"/>	Please Complete Section C
Mileage Reimbursement for Club related travel	yes	<input type="checkbox"/>	Please Complete Section D
Other (please specify):	Please Complete Section E		

SECTION C: PERSONAL REIMBURSEMENT DETAIL			
Details	Receipt attached? <input type="checkbox"/> or <input type="checkbox"/>	Amount	Cost Code (Office use only)

SECTION D: MILEAGE REIMBURSEMENT			
What was your reason for travel?	<input type="checkbox"/> Examiner <input type="checkbox"/> Patrol Auditor <input type="checkbox"/> Rep Team <input type="checkbox"/> Other If Other, please specify:		
Date of Travel:	Cost Code (Office Use Only):		
Travel Details:			
From		To	= Km's
From		To	= Km's
Total Distance =	Kilometres	@ .30 cents/km	= \$ TOTAL

SECTION E: OTHER REIMBURSEMENT			
Details	Receipt attached? <input type="checkbox"/> or <input type="checkbox"/>	Amount	Cost Code (Office use only)

Total Reimbursement Amount:	Signed by recipient:
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Office Use Only: name	signature	date
President's Authorisation:		