

# Central Qld Swimming Assoc



## EXPENDITURE CLAIM FORM

This claim is for:

- Reimbursement of costs incurred by you on behalf of the CQSA . Receipts MUST be attached
- Allowances due to you as defined by the Association and ratified at the current year AGM or Management Committee meeting.
- Goods and / or services provided.

Please submit claims to [cqswim@cqswim.org.au](mailto:cqswim@cqswim.org.au)

ITEM	AMOUNT	OFFICE USE

### Bank Account Details

Name: \_\_\_\_\_

BSB: \_\_\_\_\_

Signature: \_\_\_\_\_

Account No: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Account Name: \_\_\_\_\_

Office Use:

Date Paid: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Amount Paid: \$\_\_\_\_\_

EFT / CHQ

Claim No: \_\_\_\_\_