

District 69 Expense Claim Form

My ref:	
Date of request:	
Position held:	

Full Name:	
BSB:	
Account Number:	

Division
Area

Address:
Postcode:

*Please attach relevant receipts for reimbursement.
For motor vehicle travel, indicate kilometres travelled.*

Date of Expense Amount Expense Description			Finance Manager's Use only		
			Account Label	Reporting Code	Event Period

I declare that the above information is correct, signed _____

I wish to donate this amount to the District \$ _____

Approvals:

DISTRICT DIRECTOR: _____

District Director's Signature: _____

DISTRICT FINANCE MANAGER: _____

District Finance Manager's Signature: _____

If an expense is more than \$500 or is a reimbursement to the District Director or District Finance Manager,
a PQD or CGD's approval is required.

PQD or CGD's Name: _____

PQD or CGD: _____