| **Expenses Claim**  The Treasurer - Archery Queensland  treasurer@archeryqueensland.org.au | Image |
| --- | --- |

| (to avoid mistakes please ***PRINT*** clearly)  Payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  BSB: Account Number: |
| --- |

| **Date** | **Course Description & Venue** | | |
| --- | --- | --- | --- |
|  |  | | |
| **Mileage**  **Claim** | **From: RETURN** | | **Total**  **Klms** |
| **Participant Breakdown & Numbers** | | | |
| **Male** | # of Under 18 \_\_\_\_; # of Open \_\_\_\_; # of Master \_\_\_\_; # of Other \_\_\_\_ | | **Total** |
| **Female** | # of Under 18 \_\_\_\_; # of Open \_\_\_\_; # of Master \_\_\_\_; # of Other \_\_\_\_ | | **Total** |
| **Other** | # of Under 18 \_\_\_\_; # of Open \_\_\_\_; # of Master \_\_\_\_; # of Other \_\_\_\_ | | **Total** |
| **TOTAL** | # of Under 18 \_\_\_\_; # of Open \_\_\_\_; # of Master \_\_\_\_; # of Other \_\_\_\_ | | **Total** |
| **Date** | **Claim Detail (airfares, accommodation, per diem etc - prior approval required)** | | **Amount** |
|  | Mileage klm @ 60c | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| **NOTE: Reimbursement will be made by Direct Credit - please check your bank details (above) are correct.** | | **Total Claim** |  |
| * Attach original receipts - a detailed explanation of the expense must be provided for your claim to be considered. * All claims received within the required timeframe will be considered * Acceptance of claims is entirely within the authority of the Board * Mileage may be claimed at 60c per kilometre * Per Diem allowance - $40 (prior approval required) | | | |

| I certify that to the best of my knowledge the above claim details are complete and accurate. I understand that the level of reimbursement of my claim is entirely at the discretion of Archery Queensland.  Claimant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Office Use: |