WEST PYMBLE PUBLIC SCHOOL

WEST PYMBLE P&C ASSOCIATION INC

EXPENSE CLAIM FORM

Date of claim	
Full name of person making claim	
Email address and best contact number	
Bank Account Details for reimbursement IMPORTANT NOTE: all expense claims will be paid via EFT to the bank account nominated on this form.	Account Name: _____ BSB Number: _____ Account Number: _____

COSTS TO BE REIMBURSED*

Event / Reason for expense	Description of items	Supplier	Amount ($)
		TOTAL CLAIMED	

* In order to reimburse any claims, tax Invoices MUST be attached – description of goods / services to be shown on receipts

AUTHORISATION TO PAY CLAIM

Signature of person making claim	
Name of P&C Executive authorising payment of claim**	
Signature of P&C Executive Member	
Date authorised	

** P&C Executive authorising payment cannot be the person making the claim

P&C ACCOUNTS USE ONLY

Date:		Bank Ref:	
Account Code:		Notes:	