# 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:** |  |