

**EXPENSE CLAIM**



<b>NAME</b>	
<b>POSITION</b>	

DATE	ITEM	RECEIPT	AMOUNT
<b>TOTAL (\$)</b>			

**Date**

**Signature**

Forms must be submitted to: [treasurer@tbawa.org.au](mailto:treasurer@tbawa.org.au)

Please attached scanned receipts or hand to treasurer at next Council or Committee meeting

Office Use

**Date**

**EFT/Cheque No**