



EXPENSE CLAIM FORM

Adopted 13.2.24

Ref – 6.3

REQUEST FOR REIMBURSEMENT

To be completed & signed by the claimant, **approved by the ANSW officer coordinating the activity/event**; then forwarded to: treasurer@archerynsw.org.au

Travel Claims: Tolls plus first 200 km \$0.80 cents per km, between 200 km & 400 km @ \$0.60cents per km, after 400km @ \$0.40cents per km.

Tax invoices or receipts must be attached, or the declaration must be signed for missing invoices

NAME :		EMAIL :		
Details (type of expense & purpose, please specify trip details for mileage claims)	Tournament / Task / Other	KMs claimed	\$ Amount	Invoice /receipt attached Y / N* / NA
TOTAL			\$	

***Missing invoices/receipts declaration (if applicable)**
 I declare that I incurred the expenses as part of Archery NSW related activities and was unable to obtain a tax invoice or receipt for these activities. The amount of missing invoices is \$ _____.

Signed: _____ Date: _____

Bank Account details for reimbursement. (If payment is sent to a wrong account the money may not be recoverable)

Account Name: _____ BSB: _____ - _____ Account No: _____

Claimant Signature: _____ Date: _____

OR: Donate to ANSW for the purpose of _____

ASNSW Use Only:
 Print off Proof of payment printed off once completed