

NQ FOOTBALL CLAIM FOR REIMBURSEMENT OF EXPENSES INCURRED

PURPOSE EXPENSES INCURRED
 COUNCIL REPRESENTATION, TECHNICAL
 DEPARTMENT. ETC.

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Date of Expense	Description of each expense	Amount
Date of Minutes	Item Number in Minutes of Pre-Approval Motion	Amount Approved in Minutes

If expense unforeseen and/or emergency. Please provide short explanation for future budget planning

Name of Claimant		Signature of Claimant	
Date	/ /		

Claim authorised by Chair/Vice Chair/Standing Committee Chair	signature
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Payment Authorised by Zone Treasurer	signature
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Less than \$50.00, petty cash payment: Date processed: ____/____/____	Received the sum of \$ _____ _____ Signature
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Cheque number issued:	Electronic Banking Details BSB: _____ Account Number: _____
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ACTION LIST	STAFF INITIAL	TREASURER INITIAL
Addition and vouchers checked		
All vouchers attached		
GST form N3345 completed/held or Tax Deducted		
Where unforeseen, note taken for inclusion in next budget planning / forecast and placed in budget file.		