



P&F ASSOCIATION | EXPENSE REIMBURSEMENT CLAIM FORM

Name: Phone Number:

Account Name: Email:

Account BSB:

Account Number: Date Submitted:

EXPENSE DETAILS

DATE	SUPPLIER	DETAILS	EVENT	AMOUNT
TOTAL AMOUNT:				<input type="text"/>

NOTE

Reimbursements will be made via direct deposit to your nominated bank account. Please provide contact details (email/phone number) to be notified of payment.

Please attach all invoices to be reimbursed with this claim form. All claims must be supported with a valid tax invoice and be submitted within 14 days of expense being incurred.

Please be sure to provide relevant details to ensure you receive payment in a timely manner.

I certify that the above expenses are true and correct and the entirety of an expense of the Loreto Parents and Friends Association.

Signed:

P&F Executive Committee Use Only

Date Paid:

Payment made via:

Approved by: