



澳洲基督教華人衛理公會榮恩堂 (青少年團契)  
GLORY METHODIST CHURCH  
1393 High Street Road  
WANTIRNA SOUTH VIC 3152  
ABN:

Serial No.

## EXPENSES CLAIM/REIMBURSEMENT FORM

Name of Claimant:

\_\_\_\_\_

*Print Name*

\_\_\_\_\_

*Date*

Committee Department:

\_\_\_\_\_

| Date       | Description                        | Amount      | A/c Code     | GST paid     |
|------------|------------------------------------|-------------|--------------|--------------|
| dd/mm/yyyy | (Please itemise and/or categorise) | (incl. GST) | (office use) | (office use) |
|            |                                    |             |              |              |
|            |                                    |             |              |              |
|            |                                    |             |              |              |
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TOTALS

\$

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Approvals

Chairperson of  
Committee/Stewards

\_\_\_\_\_

*Print Name*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

Treasurer

\_\_\_\_\_

*Print Name*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

UPON COMPLETION OF THE FORM PLEASE RETURN WITH RECEIPTS TO THE TREASURER

EFT Details (Please double check details before submission)

Account Name:

\_\_\_\_\_

Bank Name:

\_\_\_\_\_

BSB and Account No:

\_\_\_\_\_

Acknowledged by Claimant:

\_\_\_\_\_

*Print Name*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*