



3D Archery Association of Australia

www.3daaa.com

Expenses Claim Form

Claimant:

ADDRESS:

STATE:

P'CODE:

TELEPHONE:

Claimants Certificate: I certify that the above claim is correct being for goods or services received on behalf of the Association and necessary for its operation and supported by invoices. For re-imbursement of other expenses as approved by the Committee Minutes, I certify that the cost has actually been incurred

Signature of Claimant

Cost incurred by member	Amount	
Fuel		
Meals		
Accommodation		
Postage		
Total		

Office use only : - Date processed: Version 1.0	Deposit No:	<i>Please remit claim to:</i> <i>Treasurer@3daaa.com.au OR</i> The Treasurer Po box 3221 Warner 4500 QLD
Bank Details: Name: BSB: Acc #:		