



Victorian Square Dancing Association

Expense Re-Imbursement Form

Cheq No:	
Date:	
(Office Use)	

Name of Claimant _____

Amount Claimed \$ _____
(needs to be the same as the total below)

Specify for which section (tick)

General Committee	<input type="checkbox"/>	\$ _____
State Convention	<input type="checkbox"/>	\$ _____
Dinner Dance	<input type="checkbox"/>	\$ _____
AGM	<input type="checkbox"/>	\$ _____
SAV	<input type="checkbox"/>	\$ _____
Sth Pacific Review	<input type="checkbox"/>	\$ _____
Other Function (please state function)	<input type="checkbox"/>	\$ _____

Total \$ _____

(Please use a separate form for each section)

State the name of the person / organisation to whom the account is to be paid

Use separate form for each person / organisation to whom the account is to be paid

State the nature of the expense

please attach receipts or accounts - tape small dockets in space below

approved by:	and when	Claimant signature (audit requirement)
<input type="checkbox"/> General Board	<input type="checkbox"/>	Date:
<input type="checkbox"/> Sub committee	<input type="checkbox"/>	
(office use)		