

REIMBURSEMENT REQUEST FORM

Date:		
Member's Name:		
Payment Details: <i>Cheque Payment</i> <i>Or</i> <i>Transfer:</i>	Address line 1:	
	Address line 2:	
	Suburb & Postcode:	
	Account Name:	
	BSB Number:	Account Number:

Reason for Request: <i>Provide some background as to why this request is arising – e.g. Name of Event attended</i>	
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Expenditure Summary:

Date	Description	Amount
Total:		

Note:

Mileage: If claiming mileage, please state from where from and where to you have travelled and the total kilometres. All kilometres travelled will be reimbursed @48c per km.

Receipts: Reimbursement cannot be provided unless receipts are attached and SCRDA had provided prior authorisation before the expense was incurred (except in the case of km for petrol where the starting and return destination must be provided).

Signed by Member/Volunteer/Staff Member: _____