1. Complete this form (including signatures).
2. Attach organized receipts. Tape receipts smaller than this piece of paper to a piece of plain white paper. Multiple receipts may be taped to one page. Clearly indicate which amount on the receipt is being requested for reimbursement and note the corresponding number as listed below.
3. Return to the Claim Officer - [claims@d90toastmasters.org.au](mailto:claims@d90toastmasters.org.au)
4. The District Director (DD) and either the Program Quality Director (PQD) or Club Growth Director (CGD) must approve the claim.
5. Following approval, the Finance Manager (FM) will process the payment.
6. Receipts submitted more than 60 days from the date of the expenses may be refused reimbursement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of request |  | Name |  | Position held |  |
| Bank details | BSB | Account # |  | Signature |  |

Please indicate if this claim is payable to a third party YES/NO

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Line** | **Date of Expense** | **Amount** | **Description** | **Account Label** | **Reporting Code** | **Event Period** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
|  | **Total** |  |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| District Director: | **SHIRLEY CHILDS** |  | Date: |
| **For All Claims, 3 signatures are required.** | | | |
| Second Authoriser: | **PHIL REED PQD** |  | Date: |
| **UDO MOERIG CGD** |
| Finance Manager: | **GEOFF PULLEN** |  | Date: |

Claim Number Date entered as purchase Date entered as paid Reference number