



KIAMA SURF LIFE SAVING CLUB INC.

PO Box 15
Kiama NSW 2533
ABN: 77 671 377 278

REIMBURSEMENT CLAIM FORM - v1.0

Full Name: _____

Postal Address: _____

Phone Number: _____

Active Member: Yes / No

| Expense Description / Purpose | Date Expense Incurred | GST Amount | Total Amount | Receipt Attached Y/N |
|-------------------------------|-----------------------|------------|--------------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | \$ | \$ | |



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Terms & Conditions:

- Reimbursements of expenses are subject to the approval of the executive committee, and no guarantee can be made that the club will provide reimbursement.
- Documentation must be provided, eg tax invoice.
- Payment will not be made if the expense is considered to be excessive or unnecessary.
- Payments will be made via the cheque account to the person who incurred the expense, not via cash or EFT.
- Expense reimbursements can not be offset against outstanding membership or competition fees.
- Particular attention will be made to expenses that involve related parties or entities.

Alternatively, submit a request at the general meeting for approval and then the club will arrange payment directly.

Declaration;

Signature: _____

Date _____

Please return completed form to;

Kiama Surf Life Saving Club
PO Box 15
KIAMA NSW 2533

[Kiama Treasurer@kiamaslsc.com.au](mailto:Kiama_Treasurer@kiamaslsc.com.au)



KIAMA SURF LIFE SAVING CLUB INC.

PO Box 15
Kiama NSW 2533
ABN: 77 671 377 278

Office Use Only;

Payment Authorised (No.1)

Full Name: _____

Position: _____

Signature: _____

Payment Authorised (No.2)

Full Name: _____

Position: _____

Signature: _____

Payment Details

Date Paid: _____

Cheque Number: _____

Posted or Hand Delivered: _____