



**Expense Claim Form**

<b>NAME</b>	<input style="width:100%;" type="text"/>		
<b>ADDRESS</b>	<input style="width:100%;" type="text"/>		
<b>BANK ACCOUNT DETAILS</b>	<b>BSB:</b> <input style="width:150px;" type="text"/>	<b>ACC:</b> <input style="width:150px;" type="text"/>	
<b>LOCATION OF EVENT</b>	<input style="width:300px;" type="text"/>	<b>DATE of EVENT</b>	<input style="width:100px;" type="text"/>
<b>REASON FOR CLAIM</b>	<input style="width:100%; height:30px;" type="text"/>		

Location of Accommodation	Number of nights	Price per night	\$Total Cost

MEALS (Reimbursed up to amounts shown below)	What for? (eg Breakfast, Lunch etc)	Where	\$Total Cost
Breakfast \$32.10			
Lunch \$36.10			
Dinner \$61.50			

FUEL KM ALLOWANCE			
Date	To	From	Distance in KMS
<b>Total KMS Travelled</b>		<b>x 78c per kilometre</b>	<b>\$</b>

<b>TOTAL EXPENDITURE</b>	<b>\$</b>
<b>AMOUNT TO BE REIMBURSED</b>	<b>\$</b>

**CLAIMANT**   
(Signature )

**DISTRICT OFFICE USE ONLY**

**APPROVED**

Post/ Deliver to RSL CQ District Office, PO Box 1935 MACKAY 4740 or email to [cq@rslqld.org](mailto:cq@rslqld.org)

V03.2024