

Queensland School Sport

26.0 Personal Expenses Claim Form

Event: _____

Claimant Details

Name		
Bank details	Account name:	
	BSB:	
	A/C number:	

Committee Name	
Host school	
Address of the Host School	

Particulars of Claim

Date	Particulars	Amount
TOTAL		

*****Out of pocket expenses – Please scan and attach receipts**

Claimant

I certify that the amount above is due and payable for the goods supplied or the services rendered or described above.			
Signature:		Date:	

Executive Members (2 to sign)

I certify that this payment voucher is in accordance with the particulars on the claim.			
Signature:		Date:	SIGN HERE
Signature:		Date:	SIGN HERE