



Expense Claim Form

PO Box 293, Northgate Qld 4013

Email: accounts@pcaq.asn.au

Claimant (e.g. Event Secretary or Person)

Name of Claimant:	Position (if applicable):
Email Address:	
Day Contact Number:	Mobile:

Type of Activity (tick appropriate box)

Assessment
 RDC Meeting
 Judge/Course Design
 Executive Meeting
 Other (please specify): _____

Event:	
Venue:	
Hosted By:	Date:

Travel Cost: Officials to be paid travel and/or \$50 for the first day (whichever is greater) plus a minimum of \$50 per day thereafter they are performing duties.

Motor Vehicle - travel returned

From Address	To Address	No of Km Travelled	Reimburse at 50c/km
			\$
			\$
A meal allowance of \$20 will be paid to driver and passenger if travel exceeds 200km each way			\$

Accommodation: Number of Nights _____ When billet is not available, meals & accommodation will be paid up to a maximum of \$150 per day	\$
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Other Reimbursements (Receipts <u>must</u> be supplied)	
Item	Amount
	\$
	\$
	\$
Total Claim	\$

Claimant Signature:	Dated:
Authorised by (Club/Zone/Region/PCQ): Print Name: _____ Signature: _____ Position Held: _____	Dated: ____ / ____ / ____

Payment will be made by EFT: Please complete below details: Details on File (tick if applicable)

Account Name:	
BSB No:	Account No:

PCQ OFFICE USE ONLY:

A/C Code: _____ Amount Paid: \$ _____ Dated: _____ Initial: _____