



Strathalbyn Rotary Club Inc Expense Reimbursement Claim Form

Claimant _____

Signature _____

Date _____

Item	Cost	Project	Detail
Total Claimed	\$		

Please provide your Bank Details for EFT reimbursement

Name of Account _____

Bank _____ **BSB** _____ **Account #** _____

Treasurer Use Only:		
Date Received _____	Authorised _____	EFT sent _____

Receipts/Tax Invoices MUST accompany this form or reimbursement will NOT be made