



SHORT CIRCUIT MOTOR SPORT ASSOCIATION INC

Servicing motorsport in Queensland since 1977

Volunteer Fuel Expense Reimbursement Form

Full Name:	
Volunteer Role:	
Approved Event Name:	
Approved Event Date:	
Account Name:	
Account BSB:	
Account Number:	

Private Vehicle Use/Fuel

Start Location:	
Have you provided all receipt/s?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Fill out this form in full (both pages), attach all evidence and send to the Secretary on:

Email to: secretary@scmsa.com.au

OR

Mail to: Secretary
Short Circuit Motor Sport Association Inc.
PO Box 2456
Toowoomba
Queensland 4350

Declaration

Read the following carefully and sign/autograph below:

I understand that all claims will be reviewed for approval by the Management Committee.

I understand that failing to provide all evidence will be considered an ineligible claim.

I understand that failing to provide correct and accurate evidence as per the Volunteer Expense Reimbursement Policy, may constitute voiding any of my future expense reimbursement claims and may suspend me from any future volunteer positions.

I acknowledge that I have read and understood the **Volunteer Expense Reimbursement Policy**.

I declare that all information provided in this form and evidence is true and accurate for my claim.

Full Name:	
Signature/Autograph:	
Date:	

Official Use Only

Approved by	Signature/Autograph	Date	Amount

Approval recorded on Management Committee Minutes dated: _____