

**Forest Lodge Public School P&C Association  
Expense Claim Form 2017**

**Claimant Details**

Name: \_\_\_\_\_

Phone/Mobile/Email: \_\_\_\_\_

Date	Description of Claim	Receipt Attached Y/N	Receipt No. (if applicable)	Amount (excl. GST)	Amount GST	Amount (incl. GST)
<b>TOTAL</b>						

Claimant to complete all details and attach receipts

**Direct Deposit Details for Re-Imbursement**

Account Name: \_\_\_\_\_

BSB: \_\_\_\_\_

Account Number: \_\_\_\_\_

NOTE: Please ensure BSB and Account Number are 100% correct as they are used to action the transfer

Claimant Signature: \_\_\_\_\_

**Treasurer to Complete**

Date	Payment Details (i.e. Cheque no.)

Amount Paid

Treasurer Signature: \_\_\_\_\_

Claim Number: \_\_\_\_\_

P&C Treasurer to complete all details