ORIENTEERING QUEENSLAND INC

ABN: 36 766 130 187

CLAIM FORM - REIMBURSEMENT OF EXPENSES

From 1/7/24

(Volunteer activities for OQ)

Claimant:		Office Use Only	
Postal Address:		Date Paid	
	Postcode:	Ref No.	

Date	Details of Claim	GST on Receipts	Total of Receipt
	Note: Attach or scan and email supporting receipts.		
	Note: MV travel should be supported by a fuel receipt on return,if		
	possible,or claim 66.0c per km travelled.(75% of ATO rate FY24/5)		
TOTAL		$ -	$ -

CERTIFICATE OF CLAIMANT:

I certify that sum $ - detailed above is due and payable to me for expenses incurred by me on behalf of Orienteering Qld Inc.I have attached receipts where possible.

Signature: _____ Date: _____

Direct deposit option:
(If your details are on file,this is the preferred method of payment)

BANK: _____

BSB NO: _____

ACCOUNT NO: _____

ACCOUNT NAME: _____