# ORIENTEERING QUEENSLAND INC

## ABN: 36 766 130 187

## CLAIM FORM - REIMBURSEMENT OF EXPENSES

**(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 |
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| | Note: Attach or scan and email supporting receipts. | | |
| | Note: MV travel should be supported by a fuel receipt on return, | | |
| | if possible, otherwise claim 30c per km travelled. | | |
| 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: _____