ORIENTEERING QUEENSLAND INC

ABN: 36 766 130 187

CLAIM FORM - REIMBURSEMENT OF EXPENSES

From 1/7/22

(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, otherwise claim 58.5c 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: _____