



Wide Bay Regional Swimming Association

Expense Claim Form

Date: _____

Name: _____

EXPENSE	AMOUNT
TOTAL AMOUNT CLAIMED	

I would like to receive payment via Cheque / Direct Debit (*please circle*)

Name: _____

BSB: _____

Acc. No: _____

Signed by claimant: _____

AUTHORISED BY COMMITTEE

Member: _____ Position: _____

Signed: _____

PAID / / Payment Method: Cheque / Direct Debit Reference No: _____