



Bendigo City FC

Incorporated association: A0062136R
 ABN: 79 787 685 139

PO Box 7
 Bendigo Central Vic 3552
admin@bendigocityfc.com.au

REIMBURSEMENT OF EXPENSES - CLAIM FORM

Date	Business	Purpose	Amount (\$)
Total			

Declaration

*I declare that the above expenses have been incurred by me on behalf of Bendigo City FC.
 A copy of the receipt(s) (tax invoice) is provided with this claim.*

Name: _____

Date of submission: _____

Signed: _____

Bank details for reimbursement

Account name: _____

Bank: _____

BSB: _____

Account number: _____

Committee use only	
Authorised by:	
Reference number:	
Method of reimbursement:	
Date:	
Amount:	