**Calisthenics Association of Queensland Inc**

**Reimbursement Claim Form**

**YOUR DETAILS:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Phone:** |  |
| **Email:** |  |

**BANK DETAILS for payment of reimbursement:**

|  |  |
| --- | --- |
| **Account Name:** |  |
| **BSB:** |  |
| **Account Number:** |  |

**ITEMS FOR REIMBURSEMENT:** *Claims for approved purchases will only be reimbursed upon completion of this form along with accompanying invoices/receipts (if applicable). Photocopies must be clear and legible.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Description / Details** | **Business Name or Event**  | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL:** |  |

**I certify that the expense(s) included in this request for reimbursement or payment was (were) incurred for the benefit of Calisthenics Association of Queensland Inc (CAQI) and its members:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

***Send completed form & copies of receipts to:*** **treasurer@caqi.com.au**