



SPORTING SHOOTERS ASSOCIATION OF AUSTRALIA (SA) INC

EMAIL: treasurer@ssaasa.org.au

POST: State Treasurer, SSAA (SA) Inc, C/- 33 Ellefse Circuit, Lonsdale SA 5160

EXPENSES REIMBURSEMENT FORM

Name: _____

Date: / /

Address: _____

Phone: _____

BSB: _____ Account: _____

SSAA CLUB

Travel @ \$0.50 per Km

Description of Travel (From/To)	Km Claimed	Amount	GST*	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Postage: _____

Stationary: _____

Printing: _____

Other (separate line for each category):

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL AMOUNT CLAIMED

Please provide all receipts with this expenses reimbursement form.

*GST - Show where applicable in each expense section.

Claimant's Signature: _____

Date Paid: / /

Treasurer's Signature: _____

NOTE: Please don't assume the Treasurer has your bank details. Always give a phone number at the minimum. If your bank details aren't on this form and are not in the system your reimbursement cannot be processed. Ask to confirm details.