**Riding for the Disabled Association (NSW) [name] Centre**

**Expense Statement and Claim Form**

This form is to be used when claiming reimbursement of expenses that are officially incurred at the request of the Centre Committee and where the Committee considers that the expenses were incurred by the claimant on behalf of the Centre.

Name: Date of Claim: \_\_\_/\_\_\_/\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach original receipts and retain copies for your reference and submit claim to Centre Treasurer.

# Section A - EXPENSES

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Type of Expense**  (Please specify) | **Account / Item**  Office Use | **$** |
|  |  |  |  |
|  |  |  |  |
|  | **Expense Total $** |  |  |

# Section B – DECLARATION

As the above named I declare the above information to be true and correct.

Signature: ……………………………..……..…

# Section C – PAYMENT OPTIONS

1. Direct Credit to bank account:

Deposit to: Bank/CU: …………….…………………………

BSB No: ……………… A/C No: ………………………. Name: ……………………..……..………….…

1. Payment out of Petty Cash:

I acknowledge receipt of reimbursement (Signature of payee): ……………………………………..…

**Centre use only**. Date processed*………………………………………….…*

Signature of Authorised Centre signatory: …………………………..………………

If paid by cheque, cheque details ……………………………………………..