



Victorian Rogaining Association Inc
The Cross Country Navigation Sport

(ABN 66 307 914 547)

P.O.Box 30, Collins St West, Victoria. 8007

EXPENSES CLAIM FORM

| |
|--------------------------------|
| Chq. No. & Date (Official Use) |
|--------------------------------|

Receipts or Invoices **MUST** be attached to Claim for Audit purposes

EXPENSE CATEGORY

| | |
|----------|-----------|
| NAME: | |
| PHONE: | |
| ADDRESS: | |
| | POSTCODE: |
| PERIOD: | TO |

Event Name: _____
 Event Date: _____

TELEPHONE EXPENSES

| DETAILS (Specify STD calls and give the number of local calls) | Total Cost | ACCOUNT(Official Use) |
|--|------------|-----------------------|
| | | |
| PHONE TOTAL | \$ | |

TRAVEL EXPENSES

| DETAILS (From/To - Return, Number of trips and distance per trip) | Kms | Total Cost | ACCOUNT(Official Use) |
|---|--------------|------------|-----------------------|
| <u>Pre&Post-Event & Other Travel</u> | | | |
| <u>Event Day Travel</u> | | | |
| NOTE: Maximum VRA reimbursement rate is 25c per km | TOTAL | \$ | |

Only one claim per vehicle can be made. Accomodation expenses cannot be claimed.

MISCELLANEOUS EXPENSES - Receipts MUST be attached to claim

| DETAILS | Total Cost | ACCOUNT(Official Use) |
|----------------------------|------------|-----------------------|
| | | |
| MISCELLANEOUS TOTAL | \$ | |
| TOTAL CLAIM | \$ | |

THE ABOVE MONIES WERE SPENT ON VRA BUSINESS IN THE PERIOD STATED:

_____ (Your Signature)

THIS FORM TO BE COMPLETED BY ANY ASSOCIATION MEMBER REQUIRING REIMBURSEMENT OF EXPENSES INCURRED.
 NO PAYMENTS WILL BE MADE UNTIL THIS FORM IS SIGNED AND REMITTED TO THE TREASURER

This money will be paid directly into your bank account if the following details are provided below

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

EVENT TREASURER: Vic Sedunary 19 Hillside Road ROSANNA VIC 3084 Ph 9459 4964