

# CLAIM FOR REIMBURSEMENT - DISTRICT 90

1. Complete this form (including signatures).
2. Attach organized receipts. Tape receipts smaller than this piece of paper to a piece of plain white paper. Multiple receipts may be taped to one page. Clearly indicate which amount on the receipt is being requested for reimbursement and note the corresponding number as listed below.
3. Return to the Claim Officer - [claims@d90toastmasters.org.au](mailto:claims@d90toastmasters.org.au)
4. The District Director (DD) and either the Program Quality Director (PQD) or Club Growth Director (CGD) must approve the claim.
5. Following approval the Finance Manager (FM) will process the payment.
6. Receipts submitted more than 60 days from the date of the expenses may be considered unreimbursable.

Date of request

Name

Position held

Bank details      BSB

Account #

Signature

Please indicate if this claim is payable to a third party YES/NO

Line	Date of Expense	Amount	Description	Account Label	Reporting Code	Event Period
1						
2						
3						
4						
5						
	<b>Total</b>					

District Director: <b>MICHAEL SAID</b>	Date
For all claims, three signatures are required.	
Second authoriser: <b>SHIRLEY CHILDS PQD</b>	Date
<b>PHIL REED CGD</b>	Date
Finance Manager: <b>JAN VECCHIO</b>	Date

Claim Number	Date entered as purchase	Date entered as paid	Reference number
--------------	--------------------------	----------------------	------------------