



EXPENSE CLAIM FORM

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____

BSB: _____ Account Number: _____

Mileage: _____ km @ 78c a km _____ = \$

Parking: _____ = \$

Telephone: _____ calls @ 20c each _____ = \$

Other Expenses (please give details):

I hereby certify that the above claim is true and correct.

Signature: _____

Full Name: _____

To be filled out at the end of each term and forwarded to the Treasurer (treasurer@u3ageelong.org.au) or to the U3A Office (mail@u3ageelong.org.au) or deliver to the Cobbin Farm office in Grovedale.