



# WA 4WD ASSOCIATION (Inc.)

PO Box 6029  
 East Perth WA 6892  
 Web: [www.wa4wda.com.au](http://www.wa4wda.com.au)

ABN 59 988 250 705



*Enquiries regarding this claim to be directed to either the:*  
 Chairman [chairman@wa4wda.com.au](mailto:chairman@wa4wda.com.au) or  
 Treasurer [treasurer@wa4wda.com.au](mailto:treasurer@wa4wda.com.au)

## APPLICATION FOR REIMBURSEMENT OF OUT OF POCKET EXPENSES



Please attach all tax receipts and tax invoices

**NOTE: Only original tax receipts and original tax invoices will be accepted**

Credit card slips and photocopies of receipts and invoices will be rejected. All claims must be made on this form.

Date of claim .....

Name .....

Address .....

Expenses being claimed from..... (eg: Secretary, PR, DTP, Activities etc)

Being for

Description	Amount	Approved/Declined
<b>Total Claimed</b>	\$	
<b>Total Paid</b>	\$	

Received on .....

Approved by Executive on ..... 1).....2).....  
 (TWO SIGNATURES REQUIRED)

Cheque number ..... Paid on .....

Cheque mailed ..... Presented to claimant .....  
 (DATE) (DATE) (SIGNATURE)

Treasurer's signature .....

REF NO: