SYDNEY - CENTRAL COAST A VAN GROUP INCORPORATED

REIMBURSEMENT / PAYMENT CLAIM

DATE 20

Details:	Date	e: Amount:
		\$
		\$
(If space insufficient continue on back or attach list)		
	TOT	TAL \$
Please attach all supporting vouchers/receipts/invoices to this approval. Any Claim not supported by vouchers/receipts/invoic Committee for their consideration for approval. Please present month.	es will require an attached writter	n explanation for presentation to the
I declare this to be a true and accurate record of the expenses in Incorporated.	ocurred by me on behalf of the Sy	dney - Central Coast A Van Group
Signed:Name:	(Please print)	oate/ 20
METHOD OF PAYMENT (Please tick)		
Direct Pouls Denesits	A /a Naumhau	
☐ Direct Bank Deposit:	A/c Number BSB Number	
Cheque	Payee Account Title	
(To be comple	ted by the Treasurer)	
Claim approved at meeting dated: / /20	Payment made: / /20	ı
Payment authorised:(Treasurer)	Authorisation confirmed:(l	President)
Chaqua numbar	Internet Transaction Number	p••