# 

# Expense Claim Form

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | Working Group |  | | |
| E-mail: |  | | | Period/Date |  | | |
| Purpose: |  | | | Approved by |  | | |
|  | | |
| Description | | Date | Details | | | | Amount |
|  | |  |  | |  |  | |
|  | |  |  | |  |  | |
|  | |  |  | |  |  | |
|  | |  |  | |  |  | |
| Subtotal | | | | | | | $ |
| Less amount paid or advanced by UC | | | | | | | $ |
| Total amount owing to member/supplier | | | | | | | $ |
| **Bank Account Details for Payment** | | | | | | | |
| Account Name | | |  | | | | |
| BSB | |  | Account Number | |  | | |
| Signature: | | | | | Date: | | |

**Please website post or email scanned signed form to the UC Treasurer with attached scanned receipts for all listed expenses.**