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# 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.**