

Sharing Skills and Experience with Friends University of the Third Age Inner North Post Office Box 2008, Prospect, South Australia, 5082
Phone 0410 434 048 Email <a href="mailto:admin@u3ainnernorth.org.au">admin@u3ainnernorth.org.au</a>

## **EXPENSES CLAIM FORM**

| Name:   |  |                  |         |  |
|---|--|------------------|---------|--|
| Address:  |  | P/Cc             | P/Code: |  |
| Contact Phone:email:  |  | email:           |         |  |
| Bank Details:   |  |                  |         |  |
| BSB   | A/C #  | A/C name:        |         |  |
|   |  | General Claim    |         |  |
| Please list items and attached receipts.  |  |                  |         |  |
|   |  |                  | \$      |  |
|   |  |                  | \$      |  |
|   |  |                  | \$      |  |
|   |  |                  | \$      |  |
|   |  |                  | \$      |  |
|   |  |                  | \$      |  |
|   | Total:   |                  | \$      |  |
| I hereby declare that the above expenditure was incurred while on U3A Inner North business.           |  |                  |         |  |
| Signed:Date:  |  |                  |         |  |
| It is an audit requirement that all supporting documentation be provided before a refund can be made. |  |                  |         |  |
| Please return this form and supporting documentation, including receipts, to:                         |  |                  |         |  |
|   | Prospect Treasurer<br>Di Box 2008 Prospect SA 50 | Ph: 0410 434 048 |         |  |
| Treasurer use only:   |  |                  |         |  |
| Paid by EFT   | Γ Amount: \$                                     | Date:            |         |  |