

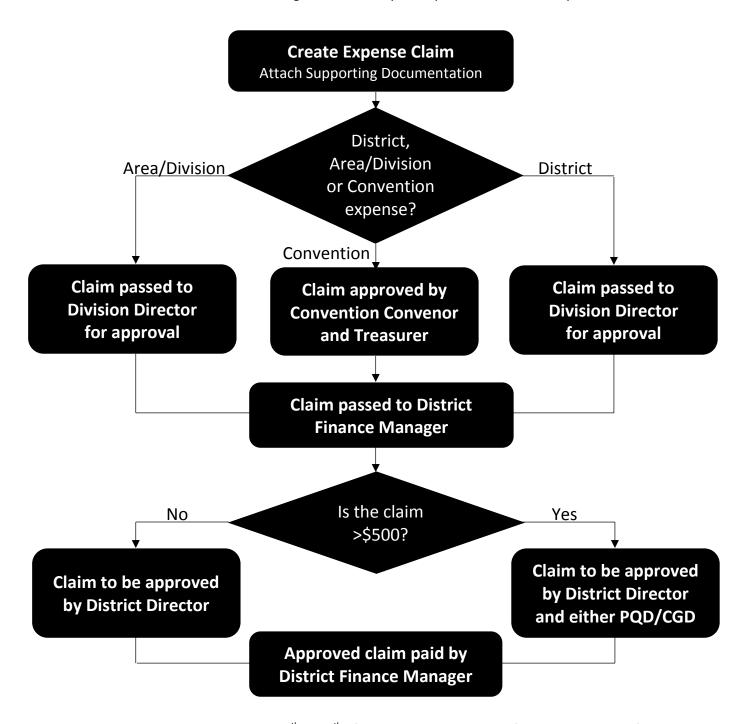
District 72 Toastmasters Expense Claim Form

Name:								
District R	Role:							
Phone N	umber:							
Email:								
	count Number for this clai	m·						
Payee Name – If paying someone else:								
Details o	of Claim: Details		Reason		GST	Amount		Office Use:
Date	Details		Reason		GST	Amoun	Code	
					TOTAL:			
I certify that these expenses were properly incurred by me in the execution of my duties as a District Officer, that the								
expenditure is within my budget allocation and that these expenses will not be reimbursed by any other party.								
Signed: Date: 28 November 2019 .								
Tick O	District Expense Di		Approved by:		Signature		Date	
			District Director					
		Program Quality Director						
		Club Gr	Club Growth Director					
	Divisio		Director					
	Division/Area Expense	Division Director Convention Convenor						
	District Convention							
	Convent		tion Treasurer					
C		Office U	Office Use Only		Direct Credit Date:			
				Amount Paid:				

Mobile: 027 2797 012

Important Notes for Expense Claims:

- Minimum claim is \$5.00
- All receipts must be included with the expense claim as proof of payment, OR, if payment is required on a third party invoice this invoice must be included with claim form
- When claiming air travel, ticket document showing arrival and departure locations and dates and times of travel, as well as cost, must be included with the expense claim
- Motor Vehicle travel related to your role is to be charged at 40 cents per km based on AA Mileage. Round trip
 must exceed 40km, with the first 40km not being claimable. The "from & to" is to be shown in the details.
 Please attach a copy of the AA, Wises or Google map/directions. The rules relating to Travel Expenses are in the
 District Financial Guidelines on the website.
- Claims not with District Finance Manager within 60 days of expense will not be accepted.



Approved claims will be paid on 15th or 30th of each month immediately following approval of claim

Mobile: 027 2797 012