

ALKIMOS PIRATES LACROSSE CLUB
CLAIM FOR REIMBURSEMENT

Name: -----

RECEIPTS / INVOICES

* A copy of the appropriate invoice / receipt must be attached to support your claim for reimbursement.

<u>Description</u>	<u>Amount</u>
(Please provide a description and use of the items)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Amount Claimed:	\$ _____

Claimant's Signature _____

Bank account details

Bank Name _____

BSB _____

Account Number _____

All claims must be submitted to the President or Secretary for approval prior to payment.

President / Secretary Approval Signature _____