



EXPENSES REIMBURSEMENT CLAIM

Team Official Name	
Representative Team	
Team Official Position	
Competition Dates	
Competition Location	

Accommodation			
Motel/Resort Name			
Total number nights booked <i>(Include dates)</i>	# Nights:	Date In:	Out:
Total Amount Paid			
Claim amount <i>(Team Official portion only)</i>			
Tax invoice attached	<input type="checkbox"/>		

Fuel	
Claim Amount	
Tax invoice/s attached	<input type="checkbox"/>

Flights	
Flight Provider	
Flight details <i>(To/From; Flight #'s, Dates)</i>	
Total Amount Paid	
Claim amount <i>(Team Official portion only)</i>	
Tax invoice attached	<input type="checkbox"/>

Car Hire	
Car Hire Provider	
Hire Details <i>(Pick-up/Drop-off points; type; dates)</i>	
Claim Amount	
Tax invoice attached	<input type="checkbox"/>

TOTAL amount being claimed	
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Bank Account details for reimbursement	
Bank Name	
BSB	
Account Number	
Account Name	

Office Use Only: Hockey Manager Approval		
Name:	Signature:	Date: