

QSCA INC OUT OF POCKET EXPENSES REQUEST FOR PAYMENT

NAME: _____ (Position) _____

POSTAL ADDRESS: _____

_____ POST CODE _____

PHONE: _____ (H) _____ (Mob)

DETAIL OF PAYMENT REQUEST:	Total	GST
POSTAGE	\$ _____	\$ _____
STATIONERY (e.g.. FAX ROLLS, PHOTOCOPIES ETC)	\$ _____	\$ _____
PHONE/FAX	\$ _____	\$ _____
*TRAVEL Total _____ KLMS @ 30 CENTS (Reason _____) (e.g. State Title, Meeting) – If claiming more than 1 occasion On this form please separate klms on reverse of this form.	\$ _____	\$ _____
ACCOMMODATION (Reason _____) (e.g. TITLE/CONFERENCE)	\$ _____	\$ _____
HIRE CAR/TAXI/SECURE PARKING (Reason _____) (e.g. TITLE/CONFERENCE)	\$ _____	\$ _____
OTHER - Please specify _____ _____	\$ _____	\$ _____
TOTAL AMOUNT CLAIMED	\$ _____	\$ _____

SIGNED: _____ DATE ____/____/____

All claims for reimbursement to be accompanied by Paid Accounts.

***All claims for Travel MUST be accompanied by Fuel Receipts for the equivalent amount.**

This form can be faxed but original request must be forwarded within seven days of application being received to The Treasurer, QSCA Inc, P.O. Box 298, GYMPIE. QLD 4570

OFFICE USE ONLY

DATE RECEIVED _____ DATE PAID _____ CHQ NO _____