

SPEEDWAY SEDANS QUEENSLAND (QSCA Inc)
OUT OF POCKET EXPENSES REQUEST FOR PAYMENT



NAME: _____ **(Position)** _____

POSTAL ADDRESS: _____

_____ **POST CODE** _____

PHONE: _____ **(H)** _____ **(Mob)** _____

DETAIL OF PAYMENT REQUEST:

Total

POSTAGE

\$ _____

STATIONERY

\$ _____

(e.g.. FAX ROLLS, PHOTOCOPIES ETC)

PHONE/FAX

\$ _____

***TRAVEL Total** _____ **KLMS @ 50 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/emailed or posted to The Treasurer, QSCA Inc, P.O. Box 298, GYMPIE. QLD 4570

The only way reimbursements are made is directly into a Bank account, please supply the following details:

Bank Details – BSB..... **ACCOUNT NUMBER**

BANK **ACCOUNT NAME**

☐ **Bank Details Already Supplied**

OFFICE USE ONLY

DATE RECEIVED _____ **DATE PAID** _____ **CHQ NO** _____