



## U3A Maitland Reimbursement of Expenses claim Form

**Post to:**  
The Treasurer  
U3A Maitland,  
PO Box 502,  
Maitland 2320

Reimbursement of expenses submissions to be sent to the Treasurer, U3A Maitland as soon as possible after the expense is incurred.

Date: ..... Claimant name: \_\_\_\_\_

Member No. or address: .....

Reason for the expense: .....

For reimbursement by direct deposit:    BSB No: \_\_\_\_\_ Account No: .....

<b>Treasurer</b>		
Claim paid:	<input type="checkbox"/> Y <input type="checkbox"/> N	Date: _____ Cash /Cheque/DD    Cheque No: .....

**Attach receipts and provide details of each expense below**

Date:	Description of expense item	Cost
<b>Total Claimed</b>		