



# SPORTING SHOOTERS ASSOCIATION OF AUSTRALIA (SA) INC

EMAIL: treasurer@ssaasa.org.au  
POST: State Treasurer, SSAA (SA) Inc, C/- 33 Ellefse Circuit, Lonsdale SA 5160

## EXPENSES REIMBURSEMENT FORM

Name: \_\_\_\_\_

Date:     /     /

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

BSB: \_\_\_\_\_ Account: \_\_\_\_\_

<b>SSAA CLUB</b>

**Travel @ \$0.65 per Km**

Description of Travel (From/To)	Km Claimed	Amount	GST*	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Postage: \_\_\_\_\_

Stationary: \_\_\_\_\_

Printing: \_\_\_\_\_

**Other (separate line for each category):**

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**TOTAL AMOUNT CLAIMED**

_____	_____	_____
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**Please provide all receipts with this expenses reimbursement form.**

\*GST - Show where applicable in each expense section.

Claimant's Signature: \_\_\_\_\_

Date Paid:     /     /     

Treasurer's Signature: \_\_\_\_\_

**NOTE:** Please don't assume the Treasurer has your bank details. Always give a phone number at the minimum. If your bank details aren't on this form and are not in the system your reimbursement cannot be processed. Ask to confirm details.