**EXPENSE REIMBURSEMENT REQUEST**

*Please fill in this form electronically and return to the club via email as a* ***word*** *document.*

*Type you name in the box marked for your* ***signature****.*

*Please also ensure that scanned or photographed copies of* ***receipts*** *are emailed with this form.*

**Expense Details:**

Reason for Expense:

Description:

**Bank Details for reimbursement:**

BSB:

Account Number:

Account Name:

Amount:

I declare that the above expense was made on behalf of the Northvale Softball Club and that I require reimbursement to myself and that no third party supplier is still owed monies for the above expense.

Name:

Signature:

Date:

**Executive Committee Member Authorisation:**

Name:

Signature:

Date:

**Treasurer Authorisation:**

Name:

Signature:

Payment Date: