



# Wide Bay Regional Swimming Association

## Coaches Expense Claim Form

Date: \_\_\_\_\_

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

| EXPENSE                     | AMOUNT |
|-----------------------------|--------|
|                             |        |
|                             |        |
|                             |        |
|                             |        |
|                             |        |
|                             |        |
| <b>TOTAL AMOUNT CLAIMED</b> |        |

\*Half Day Fee: \$50.00

\*Half Day Fee (outside WB Region) \$100.00

\*Full Day: \$100.00

\*Full Day Fee (outside WB Region) \$150.00

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

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

Account Number: \_\_\_\_\_

Claimant Signature: \_\_\_\_\_

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### **AUTHORISED BY COMMITTEE**

MEMBER 1: \_\_\_\_\_ POSTION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

MEMBER 2: \_\_\_\_\_ POSTION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PAID: / /

REF NUMBER: