**EXPENSE CLAIM FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | | | |
| Address |  | | | | |
| Suburb |  | State |  | Postcode |  |
| Email |  | | | | |

**DETAIL OF EXPENSES**

Purpose: Meeting, Conference …

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Details\* | | Amount $ |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  | Total | |  |
| \*Please attach receipts/invoices. | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Account name |  | | |
| BSB |  | Bank |  |
| Account number |  |  |  |
| NB: We will forward your remittance advice by email. | | | |

**BANK DETAILS**

**AUTHORISATION**

I declare that to the best of my knowledge, the information supplied on this form is true and correct and authorise the CBF to use my bank details provided for electronic payment for approved expenses.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date   
  
The Community Broadcasting Foundation (CBF) respects your right to privacy. For more information,   
please review our Privacy Policy at cbf.org.au.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office use only. Approval by CEO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_