

Canberra City Bowling Club Player Transfer Expense Claim Form



Claimants Details

Name:	Date:
-------	-------

Expenses Claimed (attach receipts)

Date Incurred	Supplier name or receipt details	Description of Goods or Services	Receipt attached <i>(tick)</i>	Account Number <i>(Office use only)</i>	Amount <i>(AUD)</i>
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
				TOTAL	\$

Declaration

I certify that the expenses above have been incurred as a result of transferring membership from Canberra City Bowls Club to another Bowls ACT member club.
 I declare that I am a current financial member of the Ainslie Football and Recreation Club.

Signature Date

Ainslie Group Membership Number

Approval

I agree that the expenses claimed above were incurred within the guidelines agreed between the Ainslie Group and Bowls ACT..

Name Position

Signature Date

Banking Details (if not previously supplied): Name of Account: _____

Bank Acc. No. _____ BSB: _____

Return Form to: Bowls ACT, PO Box 6105, O'Connor, 2602 or scan and email with receipts to exec@bowlfact.org.au – enquiries to 6257 3560