



BBFC
Brindabella Blues Football Club

EXPENDITURE
REIMBURSEMENT
Claim Form

FORM J

SECTION A Claimant's Details

1. Your full name.	Title (Mr., Mrs., Ms, Dr)		
	Family Name		
	Given Names	1	2
2. Membership details	BBFC position held		
	BBFC Current Financial Membership Number	No.	
3. Dates claimed	Period of claim (if applicable)	<input type="text"/> / <input type="text"/> / <input type="text"/>	To <input type="text"/> / <input type="text"/> / <input type="text"/>

SECTION B Claimant's Costs

1. Official BBFC Expenditure being claimed for.	1	\$
	2	\$
	3	\$
	4	\$
	5	\$
	Total costs (as per attached bill/s)	
Amount of reimbursement sought		\$
2. Note.	Amount of reimbursement sought cannot exceed the maximum agreed rate of reimbursement and the total official BBFC approved costs.	

SECTION C Claimant's Declaration

1. Declaration to be signed by person making the claim.	I, the above claimant, hereby declare that the information that I have given is true and correct.	
	Claimant's Signature <input type="text" value="x"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
2. Note	Reimbursement can only be claimed by an approved officer or person authorised by the Treasurer.	

OFFICE USE ONLY

1. Reimbursement details	Reimbursement Application		Approved / Rejected		
	Reimbursement Claimed		\$		
	Reimbursement Paid		\$		
2. Accounts received	If necessary, has an account/s been attached			Yes	<input type="text"/>
				No	<input type="text"/>
				N/A	<input type="text"/>
3. Authorised officer	Name	<input type="text"/>	Position	<input type="text"/>	
	Signature	<input type="text" value="x"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	
4. Note.	A delegated officer other than the claimant must approve the requested reimbursement.				