

New Lynn Sea Scout Group Expense Claim Form															
Name															
Signature												Date			
Reimbursement Pre			eference (Please tick) Cheque: Direct Credit: To							o Personal Fundraising A/C:					
If Direct Credit			A/C Number:							Ref:					
Details	of	cash	adva	ance	es receive	ed									
Date			Amo	unt		Purp	ose								
Date			Amo	unt		Purp	ose								
Details	of I	Expe	nses	bei	ng Claim	ed								Treasu Oı	rer Use nly
Date	GST Receip Attach (Y/N		pt ed Details of Exp			ense				Amount Claimed		Account	Cheque No		
										Total	Claimed	\$			

Treasurer Use Only								
Date Received		Date of Committee Approval						
Date Paid Out		Signature (acceptance of payment)						
Cheque No.		Value of Payment	\$					
Cheque No.		Value of Payment	\$					

Notes:

- Expense claims will be approved at the monthly Group Committee meetings.

 Meetings are generally held on the third Thursday of each month (February December).

 Claims must be submitted by the second Wednesday of the month in order to be tabled at the next Committee Meeting.
- Place completed Claim Forms in the Fees Collection Box at the Scout Den or give to the Treasurer. Receipts should be stapled to the back of this form at the top left corner.
- Claims submitted without receipts may be declined or delayed in approval.