



EXPENSE CLAIM FORM

Receipts or Tax Invoices **MUST** be attached to claim for audit purposes and to claim back the GST.

NAME:	PH:
ADDRESS:	
	POST CODE:

EXPENSE DETAILS

Receipt Details	Show Name (or Theatre Maintenance)	TOTAL COST Incl. GST
CLAIM TOTAL		

Your bank details:

Bank's Name:

Name of Account:

B.S.B.

A/C No.

(Signature/Print Name - Member)

(Signature/Print Name - Treasurer)

This form is to be completed by any Players Theatre member requiring reimbursement of expenses incurred.

Payments will not be made until this form is signed and remitted to the Treasurer.

Treasurer: treasurer@playerstheatre.org.au