



# CLEMTON PARK PUBLIC SCHOOL

## P&C

*Pursuing Excellence*

# P&C EXPENSE CLAIM FORM

Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Name of Person \_\_\_\_\_ Signature \_\_\_\_\_

Claiming Expenses: \_\_\_\_\_

Please make sure all receipts are attached

Summary of Expenses		
Receipt Date	Description	Amount
<b>Notes:</b>		<b>Total amount to be refunded</b>

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

### Bank Details for Reimbursement

Account Name:	
BSB:	
Account No.	