



email: businessmanager@sutas.org.au

## **Reimbursement of Expenses From LCC Funds**

Name:	
LCC/School Association :	
Reason for expenses incurred (If i	nsufficient space please list the expenses on page 2)
Total Amount \$	
You must attach original tax invoices and credit card payment slips by the	s plus payment receipts for SU Tas to reimburse you. Eftpos mselves are insufficient.
Details for payment (we will only pa	ay into bank)
Payable to (if not claimant):	
BSB:	Account No:
<b>Undertaking</b> : This claim for expense representative.	es has been approved by LCC or its authorised
Signed (Claimant):	Date:
Authorisation	
Name of authoriser:	Signed:
Position:	Date:

## SU Tas Expenses Reimbursement Claim

Date Supplier Name Details of Expense Amount				
Date	Supplier Name	Details of Expense	Amount	
		TOTAL CLAIMED		