



ARCHERY WESTERN AUSTRALIA INC. EXPENSE CLAIM SHEET

Where possible, please attach receipts to verify your claim.

Email to: secretary@archerywa.com.au and treasurer@archerywa.com.au

NAME:

Date	Detail	Amount	
Total			

Tick preferred method of reimbursement:

Direct Deposit (please provide bank details)

Account Name:	
BSB:	
Account Number:	

Cheque (please provide postal address)

Office Use Only

Authorised by:	Date:
Chq number	
Direct deposit date	

