



Whangarei Amateur Swimming Club Inc. NZSF Affiliated Member  
**PO Box 283 – Whangarei – New Zealand**

**General expenses reimbursement claim**

All claims must not be more than two months old and no claim will be recognised unless accompanied by GST receipts or copy of GST invoice.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Whangarei \_\_\_\_\_

Details of expenses	Amount	Code No.
<b>Total</b>		

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Approved \_\_\_\_\_

Payment Date \_\_\_\_\_ Cheque No. \_\_\_\_\_