

Otago Water Polo Club Incorporated Expense Reimbursement Form

| Name: | | |
|----------------------------------|-------------------|--|
| Team/Tournament: | | |
| Bank Account # for Reimbursment: | | |
| Date: | | |
| | | |
| | Business Purpose: | |
| | | |
| | | |
| | | |

| DATE | DESCRIPTION OF EXPENSE | CATEGORY* | GST** | COST (incl gst) |
|------|------------------------|-----------|-------|--------------------|
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| | | SUBTOTAL | \$ - | \$ - |

| | Don't | forget to | attach | receipts |
|--|-------|-----------|--------|----------|
|--|-------|-----------|--------|----------|

* CATERGORY - Use drop down menu

** GST - Enter N/A if GST not applicable

*** DO NOT INPUT

TOTAL REIMBURSEMENT

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Claimant Signature Date