



EXPENSES FORM

Claim for reimbursement of expenses

Name:

Department:

Activity Claimed for:

Date	Reason	Amount
Total Amount Claimed		
Less: Received in Advance		
Amount now Due/To Be Returned		

THE ABOVE EXPENDITURE HAS BEEN PROPERLY INCURRED AND HAS NOT PREVIOUSLY BEEN REIMBURSED

Signature:

Signature of Party Leader/Branch Officer:

PRINT NAME:

[Please see the document linked here for the current rates that can be claimed](#)