

BrisLETS Expense Reimbursement Claim Form

Please follow instructions below:

Full Name:			
LETS AC# <small>e.g. BLCE####</small>		Claim Date:	
Bank A/C Name:			
BSB:		A/C #:	
Expense Date	Supplier, Item and project details	Amount	
TOTAL CLAIMED			
Approved by 2 members: <i>(Admin to complete)</i>			

Instructions - please:

- Provide copies of receipts for each reimbursement item.
- Scan and post form and receipts to Slack #general or #brisletsadmin channel for approval by two committee members.
- Submit reimbursement claims within 1 month of expense being incurred.

Electronic Form (preferred option. .xls or .pdf formats)

- Download to your computer
- Open form and complete all details.
- Save active form including your name and date in the filename.
- Email, with receipts, to treasurerbrislets@gmail.com

Open fillable form with free pdf readers

<https://get.adobe.com/reader/> or <https://www.gonitro.com/pdf-reader>

Printed Form

- Download to your computer and print the form
- Complete all details
- Mail, with receipts to:
Treasurer – BrisLETS PO Box 471 Ferny Hills DC QLD 4055