



Sharing Skills and Experience with Friends University of the Third Age Inner North
Post Office Box 2008, Prospect, South Australia, 5082
Email admin@u3ainnernorth.org.au

EXPENSES CLAIM FORM

Name: _____

Address: _____ P/Code: _____

Contact Phone: _____ Email: _____

Bank Details:

BSB _____ A/C # _____ A/C name: _____

General Claim

Please list items and attached receipts.

Table with 2 columns: Description, Amount. Includes rows for item listing and a Total row.

I hereby declare that the above expenditure was incurred while on U3A Inner North business.

Signed: _____ Date: _____

It is an audit requirement that all supporting documentation be provided before a refund can be made.

Please return this form and supporting documentation, including receipts, to:

U3A Inner North Treasurer
C/- PO Box 2008, Prospect SA 5082

Treasurer use only:

Paid by EFT Amount: \$ _____ Date: _____