

## SWIMMING NSW LIMITED

NAME: \_\_\_\_\_ MEET: \_\_\_\_\_

### ATSCC EXPENSES CLAIM FORM

DATE	PLACE AND REASON FOR EXPENDITURE	AMOUNT	* RETURN KLMS/TOTAL COST OF PETROL	ACCOUNT CODE (Office Use)

I certify the above expenditure was incurred properly in the course of my ATSCC duties and does not include items of a personal nature.

**\* ALL RECEIPTS MUST BE ATTACHED FOR THIS CLAIM TO BE PROCESSED.**

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

SIGNED: \_\_\_\_\_  
CEO / DIRECTOR
DATE