



# SAM REIMBURSEMENT CLAIM FORM

(To be completed for all reimbursement claims against student activity fee allocations)  
(Please attach all original tax invoices and return to Bond University Financial Services)

<b>CLUB NAME</b>	
<b>EVENT NAME</b>	
<b>EVENT DATE</b>	

Description of goods/expenditure	Cost \$
<i>(Please list each invoice separately)</i>	Total \$

*Funds will be paid to the nominated bank account as per club bank authority form*

<b>TOTAL AMT TO BE REIMBURSED</b>	\$
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*This section to be completed by the club member organising event / reimbursement in case further information is required.*

<b>CONTACT NAME:</b>	
<b>CONTACT PHONE:</b>	
<b>CONTACT EMAIL:</b>	

### Checklist.....

- Tax Invoice originals are attached
- Claim is for an approved event held this semester

*"By signing, I verify that the above information is true and accurate and that I accept responsibility for all funds reimbursed"*

**Signed**.....**Date**.....

**Name**..... *(Authorised club representative)*

### Office use only

Bank form received	
Entered in budget	