



Retired Ambulance Association Victoria Incorporated

ABN: 77 829 511 359

Number A00214235

Expenses Claim or Income Form

Name: _____

District: _____

| Date | Description/Item | Receipt Y/N | Income \$ | Expense \$ |
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| Total: | | | | |

All claims must be supported with receipts

Notes: Additional note on expenditure or income

Signed: _____ **Date** _____

Authorised: _____ **Date** _____

Received: _____ **Date** _____

Electronic Funds Transfer Details

Bank: Commonwealth
Account Name: Retired Ambulance Assoc. VIC.
BSB: 063 109
Account Number: 0092 1958
Reference: RAAV District & Surname.