



# The Retired Ambulance Association Victoria Incorporated

ABN: 77 829 511 359

Number A0021423S

## Expenses Claim or Income Form

Name: \_\_\_\_\_

District: \_\_\_\_\_

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

All claims must be supported with receipts

Notes: Additional note on expenditure or income

Email scanned copies or PDF with all receipts to [treasurer@retiredambulancevictoria.org.au](mailto:treasurer@retiredambulancevictoria.org.au)

Or post directly to TRAAVI Treasurer. PO Box 83 Dromana VIC 3936

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Authorised: \_\_\_\_\_ Date \_\_\_\_\_

Received: \_\_\_\_\_ Date \_\_\_\_\_