



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@traavi.org.au

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

Signed: _____ Date _____

Authorised: _____ Date _____

Received: _____ Date _____