

SCHOOL SPORT ACT INCIDENTALS CLAIM FORM

*Claim forms should be forwarded onto School Sport ACT
as soon as possible after your team has returned.*

Sport: _____ Venue: _____

Official's Name: _____

Address: _____

Ph: _____ (w) _____ (h)

NOTE: All sections (ie 1, 2 3, & 4) must be completed.

1. Amount budgeted for:-	\$
2. Incidentals amount advanced:-	\$
3. Costs incurred:-	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Expenditure:-	\$
4. Total amount claimed or returned:-	\$

Have you included receipts for all items? Yes No If not why? _____

I certify that the above incidentals reimbursement claim is correct and that all expenses were directly associated with the sport stated.

Signature: _____ Date: _____

OFFICE USE ONLY

Checked for double payment

I authorise payment of this amount. Signed: _____ Date: _____

Cheque number: _____ Amount: \$ _____