



SOUTH AUSTRALIAN REVOLVER & PISTOL ASSOCIATION INC.

(Affiliated with: Pistol Australia Inc., I.S.S.F., Australia International Shooting Ltd., and Sport SA)

Postal Address:

P.O. Box 2001
PORT ADELAIDE SA 5015
Ph: & Fax: 61 8 8276 2500

Email Secretary:

sarpa@adam.com.au

Email Administrator:

sarpaadmin@adam.com.au

EXPENSE CLAIM FORM

Claimant's Name:

Address: Post Code:

Sanctioned Activity/Purpose of Trip:

Period of Activity: Beginning:, 20..... Ending:, 20.....

TRAVEL EXPENSES	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	TOTAL
Dates
Air Fares
Hire Vehicles
Parking Fees / Tolls
Fuel
Miscellaneous (Taxi, Bus, etc)
ACCOMMODATION/MEALS								
Accommodation Expenses
Breakfast
Evening Meal
SUNDRY EXPENSES								
Supplies / Equipment
Morning/Afternoon Tea etc
Phone / Fax / Other

Forward the completed Claim Form to:

**SECRETARY
PO BOX 2001
PT ADELAIDE SA 5015**

TOTAL EXPENSES CLAIMED (incl GST)

Less CASH ADVANCED

CASH ADVANCE DUE BACK TO SARPA

AMOUNT DUE TO CLAIMANT

ORIGINAL receipts MUST accompany this Claim Form.

Keep a copy of your receipts for your own records.

All expenses claimed MUST include GST.

Expenses claimed above are approved by:

Signature:

Secretary / President

OFFICE USE ONLY