

DATE:

NAME:

CONTACT EMAIL:

REIMBURSE TO ACCOUNT:

ZONE/CLUB:

Australian Outrigger Canoe Racing Association North Queensland Zone Incorporated ABN 64 460 160 637

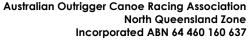
www.qocrq.com.qu/nqzone nqzoneaocra@outlook.com nqz_treasurer@outlook.com

REQUEST FOR REIMBURSEMENT

CONTACT PHONE:

AOCRA NO:

	BSB#:		
	ACCOUNT #:		
	ACCOUNT NAME:		
		hed with submission of form. EFTPOS dockets with submission of form. EFTPOS dockets with the submission of this document. Please complete BOTH pages.	ll not be accep
Date	Invoice / Docket #	Description /	Amount
	1	TOTAL	



Incorporated ABN 64 460 160 637

www.gocrg.com.gu/ngzone
ngzoneaocra@outlook.com
ngz treasurer@outlook.com



PLEASE CATEGORISE YOUR EXPENDITURE:

☐ Coaching – Presenter Fees \$325 each day
☐ Paddling Clinic presenter fees \$100 each day
☐ High Performance Clinic presenter fees \$100 each day
□Junior Presenter Fees - \$100 each day
□Junior related expenses
☐ Adaptive expenses
□Indigenous expenses
□Advertising
□Vehicle Allowance – flat rate @ 40c per km
□Towing Allowance – flat rate @ 50c per km
☐Gala expenses
☐ Maintenance Expenses
□\$300 Support Boat Subsidy
□Flights
□ Accommodation – capped at \$150 each night
□ Other – Please specify