

boxhillchorale.org.au

Email:info@boxhillchorale.org.au

Expense Claim for Payment

Date of Claim	Name of Claimant

Date of Purchase	Description	Amount
Amount Claimed:		

I certify that the above amounts were paid by me for goods or services on behalf of Box Hill Choral Society Inc. and that no other arrangements for payment were made.

Note: Claims must be accompanied by receipts and submitted to the Treasurer **before** the Committee meeting where payment is to be approved. All payments must be approved.



PO Box 471, Box Hill Vic 3128

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Office Use Only			
Date Paid	Cheque #	Committee Approval Date	