

# UNIVERSITY OF THE SUNSHINE COAST ATHLETICS CLUB Inc.

## Claim for Payment

Date of Claim: \_\_\_/\_\_\_/20\_\_\_

From: \_\_\_\_\_

Amount Claimed: \_\_\_\_\_

Signature: \_\_\_\_\_

### Details of Claim

TOTAL	

### Office Use Only:

Invoice No: \_\_\_\_\_

Attached: Yes/No

Cheque No: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Account Paid: \_\_\_\_\_

Date: \_\_\_\_\_

Expense Classification: \_\_\_\_\_