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anzsrs

Australian and New Zealand Society of Respiratory Science Ltd
Leading Respiratory Science in Australasia through the 21st Century

Expense Claim Form

Name				
Address				
Telephone		Mobile		email

ASM/Travel Expense Claim

Meeting attended	
Travel (from / to)	
Reason	

Expenses

Item		Cost \$
Airfares		
Ground travel (bus, taxi, etc)		
Car mileage (The ATO rate will be applied)		
Accommodation (no. of nights and rate)		
Other expenses		
Total claim		

General Expenses

Description	Cost \$
Total	

I hereby declare that the above expenditure was incurred while on ANZSRS business

Signed _____ Date _____

It is an audit requirement that all supporting documentation be provided before a refund can be made.

Please return this form and supporting documentation, including receipts, to

ANZSRS Secretariat
Festival City Conventions Pty Ltd
PO Box 949
KENT TOWN SA 5071
AUSTRALIA

Phone: 08 8363 1307
Phone (A/H): 0414 828 731
Fax: 08 8363 1604
Email: info@fcconventions.com.au
Web: www.fcconventions.com.au

Payment Details				
Attributed to		Cheque No.		EFT
Amount \$		Date		Payment by