

**OVERLANDER SKI CLUB  
EXPENSE CLAIM FORM**

Date:

Payable to:

Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_

**SECTION A**

Travel Expenses (Code 5430)

Date	Work Description	KM (Distance)	Rate \$ / KM	Total
TOTAL SECTION A				

**SECTION B**

Other Expenses

Date	Description or Purpose	GST	Goods + PST	Total (Receipt)
TOTAL SECTION B				

TOTAL EXPENSE	
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