Australian Independent Dirt Kart Association Inc

ABN 58 243 272 143

Expenses Claim Form

Name:

Reason for Expense:

Date Of Expense	Description of Expense	GST Portion	Tax Invoice
	Please give bank details:		
	BSB:		
	ACCOUNT Number:		
	Name of account:		
		Total Amount to be Reimbursed	

Signature Dated

Position Held

All receipts must be attached to this Claim Form and forwarded to the AIDKA Treasurer. If faxed, the originals must be posted ASAP.