

**LGCDSA  
EXPENSE CLAIM**

Please forward for reimbursement to:

**Treasurer  
LGCDSAA  
17 Wickham St  
EAST PERTH WA 6004**

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

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

Date	Receipt Number	Details of Expense	AMOUNT (ex GST)	GST	TOTAL (plus GST)
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
	12				
	13				
	14				
	15				
		<b>TOTAL RECEIPTS</b>			

The above itemized expenses were incurred as a result of:

\_\_\_\_\_

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

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

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

Please reimburse to:

**2. Tax Invoices and Receipts must indicate if GST has been paid or not**