



ATLANTIS MASTERS SWIMMING CLUB INC

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Parkholme SA 5043
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Email: atlantisfrogs@gmail.com

Website: www.atlantismastersswimming.org.au

EXPENSE CLAIM FORM

Name: _____

Email Address: _____

Contact No: _____

DATE	TYPE OF EXPENSE	AMOUNT
TOTAL EXPENSES		

Receipts must accompany this form. After approval is given from the Treasurer you will be re-imbursed.

Please provide you Bank Details:

Bank: _____

Name of Account: _____

BSB: _____

Account No: _____

Treasurer:

Email: atlantismasterstreasurer@gmail.com

It is our Treasurer's preference that you print and scan this document and email to address above.

However if this is not possible print this expense sheet and hand it to our Treasurer or to a committee member for submission.