



TAEKWONDO VICTORIA INC.
EXPENSES CLAIM FORM



Name: _____
 Address: _____
 Suburb: _____ P/Code: _____

Approved by the Treasurer
 Name: _____
 Signed: _____
 Date Paid: _____

Date	Description of Expense	Invoice Reference	Amount	GST	Total Amount	Job Code (TVI INTERNAL ONLY)
Total Expenses Claimed					\$	

I certify that the above expenses were necessarily incurred to conduct the business of Taekwondo Victoria Inc.

Name: _____ Signed: _____ Date: ____ / ____ / 20

This Claim Form with all relevant invoices attached must be forwarded to:
The Treasurer - Taekwondo Victoria Inc. C/o Tony Susac, 69 Telford Drive, BERWICK, Vic. 3806