



**TAEKWONDO VICTORIA INC.  
REFEREE EXPENSES CLAIM FORM**



Date	Name	Mailing address for correspondence	Description of Expense	Amount	GST	Total Amount	Job Code (TVI INTERNAL ONLY)
			Refereeing		n/a		
			Refereeing		n/a		
			Refereeing		n/a		
			Refereeing		n/a		
			Refereeing		n/a		
			Refereeing		n/a		
			Refereeing		n/a		
			Refereeing		n/a		
			Refereeing		n/a		
			Refereeing		n/a		
			Refereeing		n/a		
			Refereeing		n/a		

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**