**District 72 Toastmasters**

**Expense Claim Form 2024-25**

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

Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bank Account Number** for this claim: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payee Name – If paying someone else: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of Claim:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date expense incurred** | **Details (vendor etc)** | **Reason** | **GST** | **Amount incl. GST** | *Office Use:*  *Code* |
|  |  |  | $ | $ |  |
|  |  |  | $ | $ |  |
|  |  |  | $ | $ |  |
|  |  |  | $ | $ |  |
|  |  |  | $ | $ |  |
| **TOTAL:** | | | | $ |  |

**I certify** that these expenses were properly incurred by me in the execution of my duties, that the expenditure is within my budget allocation and that these expenses will not be reimbursed by any other party.

Claimant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of claim:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorizer Role:** | **Authorizer Name:** | **Authorizer Signature:** | **Date Authorized:** |
|  |  |  |  |
| Division Director |  |  |  |
| Programme Quality Director **(PQD)** | Kayleen Gilder |  |  |
| Club Growth Director **(CGD)** | Lisa Coppins |  |  |
| **District Director** | Carol Mitchell |  |  |
| **Office Use Only** | Direct Credit Date: |  |
| Amount Paid: |  |

**Important Notes for Expense Claims:**

* **Minimum “total” expense claim is $5.00**
* **All receipts** must be **included** with the expense claim as proof of payment, **or**, if payment is required to a **third-party**, the **Taxable Supply Information** “TSI” or **invoice** must be included with claim form.
* The **rules** relating to **Travel** Expenses are in the Travel Reimbursement policy on the District website.
* When claiming **air travel**, ticket documentation showing arrival and departure locations and dates and times of travel, as well as cost, must be included with the expense claim.
* **Motor Vehicle mileage** related to your role is to be charged at **40 cents per km** based on AA mileage. Round trip must **exceed 40km**, with the **first 40km per trip not claimable**. The "from & to" and kms claimed are to be shown in the details. Please **attach a copy of the AA, Wises or Google map/directions**.
* Claims need to be **with the District Finance Manager within 30 days** of expense for prompt reimbursement. Exceptions to this require preapproval by the **District Finance Manager &/or District Director**

Please ensure your claim is completed correctly and **received by the Finance Manager** no later than the **10th of the month** to ensure reimbursement in the same month